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ABSTRACT

This training package, which centers on effective management and the operation of valid prevention programs, presents a five-day training experience designed to help managers of substance-abuse prevention programs. In this trainer manual, the introduction includes a list of course goals and objectives, a summary of the ten individual training modules, and notes to the trainer teams. Outlines for each module list goals, objectives, required materials, activities, and facilitator instructions. Worksheets, references, and a course pre-/post-test are also provided. The materials focus on the components of prevention, program management, change strategies, management tools, networking and interagency collaboration, special populations, resource development, action planning, and burnout prevention. (NRB)

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TRAINER MANUAL

PREVENTION PROGRAM MANAGEMENT

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CG 015394

NATIONAL DRUG ABUSE CENTER FOR TRAINING AND RESOURCE DEVELOPMENT

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NATIONAL INSTITUTE ON DRUG ABUSE

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

PREVENTION PROGRAM MANAGEMENT

PURPOSE

The purpose of Prevention Program Management is to provide those individuals who have current management responsibility for drug abuse prevention programs with practical information on and practice in programming, managing, planning, resource developing and dealing with the needs of special populations for the continued maintenance and growth of their programs.

AUDIENCE

This training program is designed for individuals who carry operational or management responsibility for drug abuse prevention programs.

LENGTH OF COURSE

Prevention Program Management is designed as a five-day course.

COURSE MATERIALS

Trainer Manual

- The Trainer Manual is designed to be used in conjunction with the Participant Manual. The Trainer Manual includes (exclusive of front matter) a sequence of topical areas and exercises, instructions for conducting the various activities, and approximate times required for each activity.

- The Trainer Manual allows for flexibility in the delivery of Prevention Program Management for specific training groups. However, the training team must engage in a planning process prior to the training event.

Participant Manual

- The Participant Manual has two primary purposes: (1) to provide the articles that are essential to understanding the content areas of the course and (2) to provide the directions, tests, and other forms that participants need.

- The directions in the Participant Manual are intended to supplement those given by the trainer(s).

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TABLE OF CONTENTS

Page

INTRODUCTION . . . 1

MODULE I: ORIENTATION, OVERVIEW, AND CLIMATE SETTING . . . 9

  Goals and Objectives . . . 11
  Module I Overview . . . 12
  Outline of Training Activities . . . 13
  Test Administration Information . . . 19
  Test Form I-A . . . 21
  Scheme of the National Training System . . . 22
  Successes, Needs, Expectations Worksheet . . . 23
  A Basic Prevention Library . . . 24
  Pretest . . . 27
  Pretest Answer Sheet . . . 33
  Pretest Answer Key . . . 35

MODULE II: PREVENTION: YESTERDAY, TODAY, AND TOMORROW 37

  Goals and Objectives . . . 39
  Module II Overview . . . 40
  Outline of Training Activities . . . 41
  NIDA's Drug Abuse Prevention Definition . . . 53
  Definitions of Primary Prevention . . . 55
  Critical Incidents in the Growth of Drug Abuse Prevention . . . 58
  Defining Prevention Worksheet . . . 59
  Drug Abuse Program Continuum . . . 60
  Prevention Programs . . . 61
  Multicultural Drug Abuse Prevention Implementation Design . . . 62

MODULE III: PROGRAM MANAGEMENT THEORY AND PRACTICE . . . 63

  Goals and Objectives . . . 65
  Module III Overview . . . 66
  Outline of Training Activities . . . 67
  Ten Domains for Understanding Organizations . . . 80
  Management Functions . . . 81
  Matching Managerial Style to Group Readiness Level . . . 83

MODULE IV: MANAGERIAL STYLE AND PLANNING FOR CHANGE . . . 85

  Goals and Objectives . . . 87
  Module IV Overview . . . 88
  Outline of Training Activities . . . 89
  Scoring the Managerial Style Profile . . . 96
  The Managerial Style Profile . . . 100

MODULE V: MANAGEMENT TOOLS 105

Goals and Objectives 107
Module V Overview 108
Outline of Training Activities 109
The Real/Ideal Worksheet 119
Writing Specific Program Objectives: A Self-Instructional Learning Package Worksheet 121
Planning Ahead Worksheet 128
Needs Assessment Process 129
Functional Analysis of the Prevention Planning Process 130
The Ideal Evaluation Plan 131

MODULE VI: NETWORKING AND INTERAGENCY COLLABORATION . . 133

Goals and Objectives 135
Module VI Overview 136
Outline of Training Activities 137
Profile of a Nurse 150
Profile of a Sheriff 151

MODULE VII: TARGETING PROGRAMS FOR SPECIAL POPULATIONS . . 153

Goals and Objectives 155
Module VII Overview 156
Outline of Training Activities 157
CMA Social Compass Worksheet 163
What Do We Really Know Worksheet 164
Questions for Further Research Worksheet 165
Program Planning Worksheet 166
Special Target Populations 170

MODULE VIII: RESOURCE DEVELOPMENT AND GRANTSMANSHIP 171

Goals and Objectives 173
Module VIII Overview 174
Outline of Training Activities 175
Win As Much As You Can Tally Worksheet 193
Needs/Sources Chart 195

MODULE IX: ACTION PLANNING PROGRAM GROWTH 197

Goals and Objectives 199
Module IX Overview 200
Outline of Training Activities 201
Program Planning Worksheet 203

MODULE X: PREVENTING BURNOUT 207

Goals and Objectives 209
Module X Overview 210
Outline of Training Activities 211
Post-test 215
Post-test Answer Sheet 221
Post-test Answer Key 223

INTRODUCTION

Rationale

Prevention Program Management is a revision of the National Drug Abuse Center for Training and Resource Development training package, Prevention: A Course for Local Program Survival, developed by Ann Bauman in 1977.

These revisions reflect the growth and maturity of the prevention field during the past 3 years, and are symbolized by the title change. No longer does the focus of prevention need to be survival. The concerns of prevention professionals now center on effective management and the operation of sound and valid programs. The issues are maintenance and growth, rather than survival.

The content revisions echo this development: the revised course is designed to utilize information and knowledge derived from theories of generic management and organizational development, new resources within the prevention field, additional opportunities to build upon the successes and experiences of program managers, and practical applications of prevention and management concepts to issues of program growth.

The Prevention Program Management training program is based on the assumption that, once established, prevention programs are subject to the same principles that govern all organizational life. Without special regard to the unique nature of programmatic elements (e.g., change focused on the individual, change focused on some aspect of the social environment, etc.), the dynamic forces that impinge on drug-abuse prevention programs are the same forces that impinge on all organizations.

This course has been influenced by the theories of organization developed by Weber (1957), Etzioni (1963), and Rice (1973), and extended by Wells (1974) and others. These theories describe the primary goals and objectives that any organization must achieve in order to maintain itself and to accomplish its tasks effectively. The major propositions of this group of theories are:

- The organization must have primary tasks and purposes that justify its existence.
- The forms and processes of an organization must be consistent with the social structure within which the organization exists.
- The organization and its goals and objectives must be consonant with the cultural environment in which the organization exists.
- The organization must have a means of generating and allocating resources that is consistent with the goals and objectives of both the organization and the social and political climate of its community.
- The organization must have the appropriate technology (human competence, technical skills, and material) to support the work of the enterprise.

- The organizational form must include clear definition and assignment of work based upon a division of labor in combination with a division of authority.

- The organization must have the means to evaluate the effectiveness of its work. It must be able to evaluate its effectiveness from within (efficiency of process), and from without(impact on clients and community).

Finally, the training program assumes that program survival can be approached in much the same way as drug-abuse prevention--by focusing on growth, at the organizational, community, and staff levels. Prevention Program Management is designed to provide both specific and generic knowledge about drug abuse prevention and skills to the individuals who are responsibile for the survival of these programs.

Course Description

Prevention Program Management is a 5-day training experience designed to help managers of substance-abuse prevention programs to maximize the efficiency and effectiveness of their programs. The course emphasizes the need to plan for continued growth by increasing resource utilization in current programs, improving individual management and planning skills, and exploring alternative program strategies, funding sources, and efforts directed at special populations.

The intention of the course is to provide practical information that has been tailored and adapted to the experiences, philosophies, and issues of the training participants. Theories are presented that will encourage participants to examine creative options in programming, management, and planning which will make a difference in their individual situations.

Prevention Program Management, like the prevention field itself, depends upon the energy and commitment of the trainees; the success of the training experience relies upon the willingness of the participants to share their experiences, successes, and frustrations, their openness to new program and management opportunities, and their application of the experiences of the training to their work environment.

Course Goals

The overall goal of this course is to provide those individuals, who have current operational or management responsibility for ongoing drug-abuse prevention programs, with the knowledge and skills necessary to keep the program moving ahead. To realize this goal, the course will provide participants with the opportunity to gain an understanding of:

- Effective drug abuse prevention strategies.

- New directions in drug abuse prevention.

- Multicultural considerations in drug abuse prevention.

- Networking and inter-agency collaboration.
- Human services management and organizational development.
- Grantsmanship and alternatives to grants.
- New resources in needs assessment, planning, and evaluation for drug abuse prevention programs.

The course is also designed to develop and enhance participants' skills in:

- Community organization
- Program management
- Fund raising
- Public relations
- Working with other agencies and organizations
- Goal-setting
- Problem-solving
- Resource identification and utilization.

Module Summary

MODULE I	This module orients participants to the training program, helps to develop a climate conducive to learning, and provides an opportunity for participants to exchange information. The pretest is also conducted during this module.
MODULE II	The history of drug abuse prevention and definitions of prevention are covered. The concept of critical incidents that contribute to or mitigate against survival and growth of prevention programs is presented and explored. Participants are given the opportunity to share program growth strategies.
MODULES III & IV	These modules relate drug abuse prevention programming to the body of knowledge concerning organizational development. The modules incorporate situational leadership theory, Sherwood's model of planned renegotiation, and Leroy Wells' Ten Domains for Understanding Organizations in an overview of management theory. Participants are given the opportunity to examine their prevention programs in light of the management theory presented and to graph their own personal management/leadership styles.
MODULE V	The concepts and applications of needs assessment, planning, and evaluation are presented to acquaint participants with the program development process. Time is allotted for practice in developing program objectives and setting short- and long-term goals.
MODULE VI	This module differentiates between the concepts of inter-agency collaboration and networking and describes techniques and strategies that program managers can use to

	overcome obstacles and improve networking and collaboration efforts. Participants are afforded an opportunity to develop a plan for a prevention support network within their communities.
MODULE VII	The core of this module is an experiental laboratory in which teams have the opportunity to design a pilot prevention program for a particular target population. Considerable attention is given to exploring assumptions, opinions, and facts that surround various cultural groups and the implications of these issues for drug abuse prevention programming.
MODULE VIII	This module provides exercises and simulation activities to give participants practice in developing a funding proposal and approaching funding agencies. Material covered includes practical information on fund raising, how to use appropriate resources in trying to obtain support, formulating funding strategies, and proposal planning and development.
MODULE IX	This module is an application of the learnings of the preceding modules. It provides each participant with an opportunity to select a program strategy based on his or her highest-priority program need and to design an action plan for implementing the chosen strategy.
MODULE X	Symptoms and causes of burnout and coping strategies to prevent burnout are presented in this module. It allots time for participants to review their action plans and incorporate appropriate "burnout prevention" strategies. The module concludes with administration of the post-test.

Objectives

At the conclusion of this course, each participant will be able to:

- List five critical incidents in the development of his or her drug-abuse prevention program.
- Identify at least three "developmental issues" common to represented drug-abuse prevention programs.
- Describe at least one successful "coping strategy" for each critical issue.
- List three major 5-year goals for his or her prevention program.
- Identify 1-, 3-, and 5-year milestones for his or her programs.
- Demonstrate his or her familiarity with NIDA prevention planning, needs assessment, and evaluation resources by completing a draft workplan in one of the three areas.

- List at least five other local organizations and agencies in his or her community with whom the potential for collaboration exists.
- Describe the basic assumptions behind networking.
- Develop a plan for a prevention support network within his or her own community.
- Identify at least one program objective which might be achieved through networking or interagency collaboration.
- Identify at least five pieces of information that should be known about a funding source before an approach is made.
- Identify at least two eligibility criteria that any private organization should meet before approaching private or public fundors.
- List at least six categories that should be covered in every proposal.
- Develop a community fund-raising strategy.
- Identify the present stage of organizational development of his or her prevention program in terms of current theory and practice.
- Graph his or her own personal management/leadership style as a prevention program manager.
- Describe a pilot prevention program for a specific target population of his or her choice developed by a team effort in which he or she participated.
- Identify at least five cultural issues which need to be considered in developing programs for special populations.
- Identify his or her highest priority program need and give three reasons for his or her selection.
- Describe a growth strategy which might most effectively address that perceived need.
- Write an action plan to implement that strategy within his or her own program and/or community.
- Identify at least three coping strategies which he or she can utilize for personal and/or organizational replenishment.
- List at least one person within the training and one person outside the group whom he or she can call upon for support.

Notes to the Trainer

A. Desired Training Team

Given the strong emphasis in the course on "hands on" experience, action planning, and group process, the trainer(s) will be required to have outstanding skills in group facilitation. Ideally, the course will be offered by a three-person training team consisting of a drug abuse professional and at least one other trainer who has had actual (preferably extensive) experience managing a prevention program. Formally involving the State Prevention Coordinator in the training process will also ensure the practical application of the training, particularly in the areas of resource identification, networking, and evaluation.

B. Creativity and Flexibility

Like the field of primary prevention, this course is open-ended and evocative. You are encouraged to use your own experience and imagination to tailor the materials to your perceptions of your training population and your own wisdom around doing prevention in schools. The designers have attempted to provide you with options and stimuli, not to restrict you to a lifeless design which confines you.

C. Cross Cultural and Rural Issues

Trainer's notes throughout this course attempt to reinforce our intention to address the specific needs and concerns of ethnic and racial minorities and rural populations. As NDACTRD's Cross-Cultural Adaptation Task Force commented about the existing prevention courses, "Primary prevention for racial/ethnic minorities must include a focus on empowering communities so that the health of their members will improve. This concept indicates that political and economic issues, as well as personal and social ones, are appropriate subjects for prevention efforts."* In addition, the Task Force outlined the specific training considerations which need to be considered in creating an effective learning environment for individuals from racial and ethnic cultures. These include: communication issues (language, space/distance questions, culture-specific verbal and non-verbal cues, values assumptions of the trainer); trainer behaviors (attitudes, interventions, self-awareness, lack of cultural bias); group dynamics (differences in homogenous or heterogenous populations, differing cultural norms on appropriate group behaviors); learning styles (dependence on print media, level of training and educational experience, acceptance of alternative learning styles); power, authority, and influence (styles of leadership, individualism vs. collectivism biases); sex roles, relationships, and identities (the interplay of male/female issues and racial/ethnic issues); and socio-economic, political, and legal influences (nationalism, legal issues, generic community transformation issues). The challenge to the trainers, then, is to critically examine every component of the training experience--his or her behavior, the manuals and exercises, the information and examples presented, the logistics of the training--to insure a maximized learning opportunity for every participant.

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*Cross Cultural Adaptation Task Force, Summary Report, National Drug Abuse Center for Training and Resource Development, Washington, D.C. 20015, 1979.

D. Trainer Preparation Notes

Because the emphasis of Prevention Program Management is on practical and useful learning, you need to provide participants with information relevant to their local community. In order to prepare effectively for the training session we urge that you (or at least one member of the training team) become familiar with and obtain necessary resource materials on:

- The Single State Agency definition of prevention and any State guidelines/restrictions/priorities in programming.
- Legislative mandates (if any) on drug prevention programming.
- Possible local funding sources for prevention programs, including local and State foundations, State grant programs, etc.
- The name and address of the State Prevention Coordinator.

Most of the above information can be obtained from the State Prevention Coordinator; usually charts, graphs, or additional resources can also be obtained.

Trainees should be encouraged to bring materials from their programs to create a context for the presentation of the course. You might want to familiarize yourself with Community Based Prevention Specialist (NDACTRD, revised 1980) and Basic Management Skills (NDACTRD, revised 1979) which many participants may have taken prior to this course.

Trainers need to be attentive to the fact that participants will be coming to the session with considerable experience in managing and operating prevention programs and will have much information and knowledge to share with each other. Participants should be encouraged to generate answers to questions, information, and examples to support and expand upon course content.

MODULE I

MODULE I: ORIENTATION, OVERVIEW, AND CLIMATE SETTING **TIME:** 3 HOURS 35 MINUTES

GOALS

- To orient participants to the training program
- To develop a climate conducive to learning
- To provide an opportunity for participants to exchange information about their programs.

OBJECTIVES

At the end of this Module, participants will be able to:

- Describe at least two goals and two objectives that they have for the course
- Describe at least four different approaches to prevention.

MATERIALS

- Name Tags
- Magic Markers
- Newsprint
- Tape
- Participant List
- Registration Forms
- Participant Manuals
- Pretest
- Figures
- Reference Sheets
- Worksheet

MODULE I OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. REGISTRATION	30 MINUTES	INDIVIDUAL
2. PRETEST	30 MINUTES	INDIVIDUAL
3. NAME CHAIN	15 MINUTES	LARGE-GROUP EXERCISE
4. INTRODUCTION	20 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
5. SHARING SUCCESSES, NEEDS, AND EXPECTATIONS	45 MINUTES	INDIVIDUAL EXERCISE AND LARGE-GROUP DISCUSSION
6. COURSE OVERVIEW	20 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
7. SUMMARY	10 MINUTES	LARGE-GROUP LECTURE

MODULE I: ORIENTATION, OVERVIEW, AND CLIMATE SETTING

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
30 MINUTES	1. REGISTRATION
	NOTE: Registration takes place no later than 30 minutes before Module I is delivered.
Name Tags Magic Markers Participant List Registration Forms	- Greet participants as they arrive.
	- Ask each participant to sign the registration form.
	- Check names off the list of participants.
	- Ask each participant to fill out and wear a name tag.
	- Ask participants to proceed into the large group meeting room and help themselves to coffee or tea if they wish.
30 MINUTES	2. ADMINISTER THE PRETEST
	NOTE: The lead trainer should not administer the pretest.
"Test Administration Information"	- Explain why the pretest and post-test are administered. (Refer to Figure I-1 on page 19.)
Pretest	- Read the pretest instructions and answer any questions. The pretest is located on page 17 of the Participant Manual and on page 27 of this Manual along with the answer key.
	- Ask participants to complete the pretest and to return it to you.
Form I-A	- When participants hand in completed tests, ask them to sign Figure I-2, on page 21. Specifying which pretest was completed.
	- Hand out the Participant Manuals.
15 MINUTES	3. EXERCISE: NAME CHAIN
	NOTE: Feel free to substitute for the Name Chain or any icebreaker exercise that serves the

purpose of introducing all of the participants.

- Explain the Name Chain:

Script:

The purpose of the Name Chain is to introduce everyone. You will be asked to say your name and a one-word adjective that begins with the first letter of your name. First, repeat the names and adjectives of the persons preceding you, ending with your name and adjective. This process is continued around the circle until it reaches the trainer who introduced the game. The trainer ends the exercise by reciting the adjectives and names of all the participants.

Example:

Trainer A:	Hello, I am Patient Paula.
Trainee 1:	Hello, Patient Paula, I'm Nervous Ned.
Trainee 2:	Hello, Patient Paula, Nervous Ned, I'm Confident Connie.
Trainee 3:	Hello, Patient Paula, Nervous Ned, Confident Connie. I'm Curious Charlie.

- Participate in the Name Chain.

NOTE: This exercise can be used most effectively with training groups of up to 25 participants.

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20 MINUTES

4. INTRODUCTION

- Describe the role of the trainers during the training program.
- Give a very brief description of the role and function of NIDA, the Manpower Training Branch, the Prevention Branch, the Regional Support Centers, the State Training Support Program, and the State Prevention Coordinator. Identify whom you represent and explain why

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
Scheme of the National Training System	you are conducting this training program. (Refer participants to Figure 1-3 on page 11 of the Participant Manual.)

- Include in your overview of the Prevention Branch and its affiliated projects the following information:
    - The focus of NIDA's Prevention Branch is a research/demonstration thrust designed to insure evaluation of whatever prevention services are provided, and now concentrates upon: (1) the acquisition of new knowledge, (2) dissemination of knowledge models and strategies, and (3) the development of the capacity of States and local communities to effectively deliver drug abuse prevention services.
    - The Prevention Branch's technical assistance resource sharing network is called Project Pyramid. This Branch effort serves to collect and categorize knowledge relevant to drug abuse prevention and to disseminate it by telephone, on-site visits and in written form so that consumers of the service discover what is known in such areas as alternative projects, community development models, peer counseling, prevention of misuse of drugs by the elderly, and the effects of drugs in school curriculum projects. Where on-site consultation is needed, arrangements are made by the Branch. Such services are easily accessible through a toll-free number.
    - The Center for Multicultural Awareness (CMA) is also a technical assistance resource sharing project, which emphasizes strategies and programming with clear emphasis on multicultural needs by ethnics of color. Its focus is State agencies for drug abuse (SSA's), telephone communication, written information, on-site technical assistance, and program strategy, all of which are available through this program.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
"Basic Prevention Library" Reference Sheet	- The National Prevention Evaluation Resource Network (NPERN) is an evaluation and related information/dissemination system and is being developed for nationwide use. It has completed a pilot phase in six States. - Addresses and telephone numbers for these services are listed in Reference I-1, on page 13 of the Participant Manual. • Discuss the following ground rules for this course: - If you have a question, or if something seems to be unclear, feel free to say so at any time. Each of us can learn from others and should feel free to share our thoughts and ideas. - Each person brings to these sessions different knowledge and experiences that can enrich the group. For this reason, different points of view should be explored in a nonjudgmental way. - Let the trainer know when you want a break. • Discuss logistics for the training program. NOTE: As part of the exercise below, discuss with participants how their learning expectations for this course can be met, either through course content or through other informal information-sharing techniques.
45 MINUTES Newsprint Magic Markers "Successes, Needs, Expectations" Worksheet	5. EXERCISE: SHARING SUCCESSES, NEEDS, AND EXPECTATIONS • Refer participants to Worksheet I-1 on page 12 of the Participant Manual. • Ask participants to begin by listing individually: - Three "successes" they've had in drug abuse prevention

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

  - Their three most pressing program needs

NOTE: Apply no constraints; needs don't have to be related to program successes.

  - Their three major learning expectations for this course.

- In the large group, ask each participant to share the following information:
  - His or her name
  - His or her program and/or agency
  - One prevention success
  - One program need
  - Three expectations.

NOTE: Stress that "success" is personally defined, that it can range from significantly changing one person's behavior to significantly affecting an entire community.

- On newsprint, record successes, needs, and expectations.

NOTE: Attend to data generated; specific experiences will become reference points for later modules, exercises, and examples.

- Discuss expectations for the course. Note which expectations listed on the newsprint will be realistically met by the course content and which will not.
- Encourage participants to propose creative strategies, such as special sessions, informal communications, to help meet their needs and expectations within the context of training.
- Process exercise, noting the variety of experiences and backgrounds represented within the training community.
- Begin to look at cross-cultural and rural issues that may surface during this exercise.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
20 MINUTES Newsprint Magic Markers	6. COURSE OVERVIEW • Introduce the goals and structure of this course, in light of the expectations that surfaced during the previous exercise. As the ten modules are described, you should note which of these expectations will be met during the training period, as well as which will not. Also, discuss alternative ways for participants to meet their needs. For example, the lists of individual strengths might lead one person with a specific set of skills to another person who needs to know more about those skills. NOTE: A pick-up list might be useful in this process. Using a sheet of newsprint, list all of the participants' expectations that will not be directly addressed during the course of the training. Explain that informal techniques for addressing those expectations, or indirect relationships between course content and participant expectations, will aid in addressing the expectations on the pick-up list. In addition, encourage individuals to propose creative strategies to help meet their own needs during training.
10 MINUTES	7. SUMMARY • Summarize the module. Stress what the group has learned about each of its members--especially, the prevention program that each represents. Points of emphasis should include: - The learning opportunities provided by the experiential, programmatic, cultural, and geographic diversity of the training population - The individual strengths and skills which each trainee brings to this experience - The responsibility of the trainee to insure that the training meets his/her expectations.
	END OF MODULE I

TEST ADMINISTRATION INFORMATION

INSTRUCTIONS FOR TEST ADMINISTRATION

When administering the pretest, inquiries about test items should not be answered. It should be explained that the course will provide the answers in a way that will enable participants to understand what is correct, and, more importantly, why it is correct. After post-testing, feel free to discuss any and all items on either the pretest or the post-test.

DEVELOPMENT OF THE PRETESTS AND POST-TESTS

The pretest and post-test developed for Prevention Program Management had to meet three requirements. First, and most important, each item was to measure a specific course objective. A test meeting this condition can be used to measure the extent to which trainees have mastered the intended skills, attitudes, and knowledge.

A second requirement was that instruments would measure the trainees' ability:

- To interpret situations in terms of the principles taught;
- To apply these principles to specific management situations; and
- To recall the specific principles themselves.

Third, the test had to be one that could be scored objectively, quickly, and easily. There is a vast body of research literature that suggests that this requirement is virtually impossible to achieve through open-ended (free-response) items. This requirement, then, suggested some form of forced-choice instrument. To meet these three requirements, it was decided to design a test containing true-false, multiple choice, and matching items. The specific objective to which each item applied would be identified. Each item would also be identified as measuring knowledge at one of three levels of sophistication:

- Simple recall of material contained in the course
- Interpretation of situations and actions in terms of principles contained in the course
- Application of these principles to problem situations.

It was decided that one half-hour would be available for testing at the beginning and end of the course schedule.

Items appropriate to each objective were written and assigned to one of the three levels of sophistication according to the type of problem to be solved. Preliminary items were reviewed for accuracy and to ensure that only one response was correct. Members of the National Drug Abuse Center staff reviewed the tests; based on their performance and comments, items were revised where required. Two forms of equal

Figure I-1 Continued

length with the same number of items measuring each level of knowledge of each objective were developed.

Name Of Test ______________

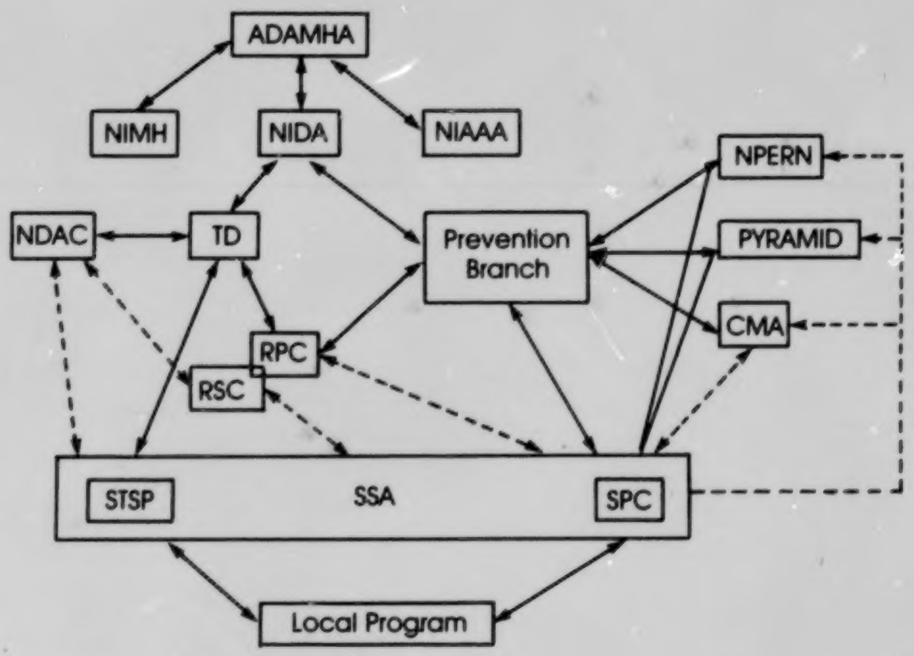
Test Control Sheet

Form I-A

Trainees: *Please sign your name under the appropriate form as you turn in your pretest.*

Form A Pretest	Form B Posttest	Form B Pretest	Form A Posttest
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15.		15.	
16.		16.	
17.		17.	
18.		18.	
19.		19.	
20.		20.	
21.		21.	
22.		22.	

Scheme of the Division of Training and Prevention Branch Programs


ADAMHA
NIMH
NIDA
NIAAA
NPERN
NDAC
TD
Prevention Branch
PYRAMID
CMA
RPC
RSC
STSP
SSA
SPC
Local Program

NOTE: NIAAA funding structures vary from state to state. In some states, NIAAA programs are funded through a separate system, similar to the one depicted here. In others, NIAAA and NIDA programs are both funded through the single system shown here.

SUCCESSES, NEEDS, EXPECTATIONS

	SUCCESSES	PROGRAM NEEDS	PERSONAL EXPECTATIONS OF TRAINING
1.			
2.			
3.			

A BASIC PREVENTION LIBRARY

Resource Publications

Ardell, Donald B. High Level Wellness: An Alternative To Doctors, Drugs and Disease. Emmaus, PA.: Rodale Press, 1977.

Center for Human Services. Prevention Needs Assessment Workbook. Rockville, MD.: National Institute on Drug Abuse, Prevention Branch, 1979.

Center for Human Services. Prevention Planning Workbook. Rockville, MD.: National Institute on Drug Abuse, Prevention Branch, 1978.

Center for Multicultural Awareness. Administered by Development Associates, Inc. Multicultural Drug Abuse Prevention (Booklet 1). Rockville, MD.: National Institute on Drug Abuse, 1979.

Center for Multicultural Awareness. Administered by Development Associates, Inc. Needs Assessment (Booklet 2). Rockville, MD.: National Institute on Drug Abuse, 1979.

Center for Multicultural Awareness. Administered by Development Associates, Inc. Multicultural Strategies (Booklet 3). Rockville, MD.: National Institute on Drug Abuse, 1979.

Center for Multicultural Awareness. Administered by Development Associates, Inc. Funding Strategies (Booklet 5). Rockville, MD.: National Institute on Drug Abuse, 1979.

Center for Multicultural Awareness. Administered by Development Associates, Inc. Building in Evaluation (Booklet 6). Rockville, MD.: National Institute on Drug Abuse, 1979.

National Center for Alcohol Education. Decisions and Drinking: An Ounce of Prevention. (DHEW Publication No. ADM-77-454). Rockville, MD.: National Institute on Alcohol Abuse and Alcoholism, 1977.

National Center for Alcohol Education. Decisions and Drinking: The Power of Positive Parenting. (DHEW Publication No. ADM-77-453). Rockville, MD.: National Institute on Alcohol Abuse and Alcoholism, 1977.

National Center for Alcohol Education. Decisions and Drinking: Reflections in a Glass. (DHEW Publication No. ADM-77-452). Rockville, MD.: National Institute on Alcohol Abuse and Alcoholism, 1977.

National Clearinghouse for Alcohol Information. Alcoholism Prevention: Guide To Resources and References (DHEW Publication No. ADM-79-886) and References. Rockville, MD.: National Institute on Alcohol Abuse and Alcoholism, 1979.

National Institute on Drug Abuse, Prevention Branch. *Primary Prevention in Drug Abuse*. (DHEW Publication No. ADM-76350). Washington, D.C.: U.S. Government Printing Office, 1977.

National Institute on Drug Abuse *Research Monograph Series*. Rockville, MD.: National Institute on Drug Abuse.

National Prevention Evaluation Resource Network. *Prevention Evaluation Guidelines*. In publication: Rockville, MD.: National Institute on Drug Abuse, 1979.

Public Health Service, Office of the Assistant Secretary for Health and Surgeon General. *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. (DHEW Publication No. 7955071). Washington, D.C.: U.S. Government Printing Office, 1979.

Pacific Institute for Research and Evaluation: Pyramid Project. *Balancing Head and Heart: Sensible Ideas for the Prevention of Drug and Alcohol Abuse*. Lafayette, CA.: Prevention Materials Press, 1975.

Pacific Institute for Research and Evaluation: Pyramid Project. *Teaching Tools For Primary Prevention: A Guide To Classroom Curricula*. Lafayette, CA.: Prevention Materials Press, 1979.

Resnik, Henry S. *It Starts with People: Experiences in Drug Abuse Prevention*. (DHEW Publication No. ADM-79-590). Rockville, MD.: National Institute on Drug Abuse, 1978.

Audiovisual Resources

National Institute of Mental Health, Drug Abuse Film Collection. *The Social Seminar Series*. Washington, D.C.: National Audiovisual Center (GSA), 1971.

Local Resources

State plan--available from the State Prevention Coordinator in the Single State Agency

State Media Directory--available from the telephone company business office

Local directory of community agencies--available through United Way

Statewide substance abuse program directory--available through the Single State Agency

Technical Assistance Sources

PYRAMID Project (West) 3746 MH, Diablo Blvd., Suite 200, Layfayette, CA.
415-284-5300

PYRAMID Project (East) 7101 Wisconsin Avenue, Suite 1006, Bethesda, MD.
301-654-1194

Center for Multicultural Awareness, 2924 Columbia Pike, Arlington, VA. 22204
703-979-0100

National Drug Abuse Center, 5530 Wisconsin Avenue, Chevy Chase, MD. 20015
301-654-3582

Regional Support Centers

Single State Agencies

Professional Associations

National Association of Prevention Professionals, 176 W. Adams Street, Chicago, IL,
312-782-3479

National Association of State Alcohol and Drug Abuse Directors, 1612 K Street, NW,
Washington, D.C., 202-659-7632

NOTE: For information on minority coalitions/associations, contact the Center for Multicultural Awareness

Newsletters

Training the Human Resources--published by the National Institute on Drug Abuse, Manpower and Training Branch, Rockville, MD. 20857

The Prevention Resource Bulletin--published by PYRAMID, Lafayette, CA., under contract to the National Institute on Drug Abuse, Prevention Branch.

PREVENTION PROGRAM MANAGEMENT

PRETEST

General Instructions

Consider the following questions a "preview" of the training you are about to begin. They will include terms and concepts that may be unfamiliar to you now. This test is meant to measure your current knowledge of the material that will be presented in this course. Thus, if you do not know the answer to a question, go on to the next. Do not linger over questions or guess at the answers.

I. TRUE and FALSE

The following statements are related to aspects of Prevention Program Management. Please circle either "True or False" on the answer sheet. REMEMBER: this will not be graded, so please do not guess; skip the item and go on to the next.

1. Information-giving approaches have been previously shown to result in an increase rather than decrease in drug use.
2. A survey conducted in 1974 by Dr. Robert DuPont concluded that the prevention efforts as they exist in drug education programs in schools have been effective.
3. Program management theory suggests that effective managers should not need to spend more than one-third of their time on planning and evaluation.
4. Since funding sources are generally interested in the least expensive method to get a job done, alternative approaches should be considered and the choices justified.
5. Trainers must attend to differences which may reflect differing values or norms of various cultures represented within the training population; however, urban-rural distinctions need not be addressed.
6. Primary prevention is a constructive process designed to intervene in patterns of drug use and experimentation.
7. In following action planning procedures, one would use the Sherwood Model, which assists in program planning.
8. Staff burnout in the human services field occurs in less severe forms because its onset is recognized sooner and experienced, effective prevention workers are readily available to deal with the problem.
9. The Program Development Logic Model, as developed by V. C. League and Karen Trisko, outlined one of their planning tools as "De-mystifying the Planning."
10. Even after the time drugs become an integral part of one's lifestyle, he/she should still be considered for a prevention program.
11. In general, burnout emanates from the individual's inability to cope when under pressure to meet daily demands.
12. A good proposal for funding would concentrate on a problem statement for examining the problem.
13. An essential skill that an effective manager should possess is the ability to anticipate his or her staff's readiness to complete a task.

II. MULTIPLE CHOICE

Choose the correct answer(s) to the following questions and circle the appropriate letter(s) on the answer sheet. More than one answer may be selected to complete the question.

14. All of the examples below are types of networks except:

    a. Person-Family
    b. Organizational
    c. Letter
    d. Human Service

15. Networks are intended to be:

    a. Process-oriented, member-supportive, decentralized learning systems
    b. Task-oriented, competitive, decentralized learning systems
    c. Centralized learning systems, process-oriented, mind-building
    d. None of the above

16. Which of the following statements is an assumption?

    a. Alcohol is the predominant drug chosen by rural populations.
    b. Low income people drink because they have no options, either social or economic.
    c. Thirty percent of the people living in the lower East side of New York City are Hispanic.
    d. All of the above.

17. Obstacles to collaboration are:

    a. Individual
    b. Situational
    c. Cannot be moved, avoided, or negated
    d. Susceptible to external action

18. When preparing to address or actually addressing a local funding source, you should:

    a. Use your board of directors to help you gain support for your programs or to prepare for your presentation.
    b. Read local newspapers and attend public meetings to learn appropriate procedures and protocol.
    c. Make your programs "saleable" and "understandable" to the public.
    d. All of the above.

19. Select the three sets of behaviors identified in the Managerial Behavior Model below:

    a. Transferring Behavior, Shaping Behavior, Climate-Setting Behavior
    b. Climate-Setting Behavior, Structuring Behavior, Transferring Behavior
    c. Structuring Behavior, Climate-Setting Behavior, Mind-Setting Behavior
    d. Structuring Behavior, Transferring Behavior, Learning Behavior

20. All of the items listed below are effective approaches for evaluating a mass media campaign of a prevention program, EXCEPT:

    a. A control group composed of a random sample from a similiar community nearby.
    b. A narrow-target-audience sample not yet exposed to the media presentation.

c. The pre- and post-test control group design.
d. A mail survey to a random sample of households drawn from the phone book in target areas.

21. Complete the following statement.

When planning a program evaluation, the...

a. Program staff should help to develop objectives and criteria.
b. Program staff participation in evaluation planning violates the objectivity of the evaluation.
c. Evaluation data collection should be built into ordinary procedures of the program.
d. Evaluation data should be collected using special procedures.

22. In measuring program objectives:

a. One should use a single measure for each objective.
b. Multiple measures for objectives should be used whenever possible.
c. Measurements of impact should be scheduled only at the beginning and end of the program.
d. Measurement should be scheduled according to the time during which you expect program effects to emerge.

III. MATCHING

Match the appropriate item to the statements provided. More than one answer may be selected.

A. Match each of the terms below with the following examples that best fit each term:

a. Objectives
b. Criteria
c. Measures

23. Increase the amount of interpersonal contact among the socially isolated elderly in three apartment complexes

24. Fifty percent of the persons over 65 living in three apartment complexes

25. Cost of serving the elderly

26. Identify all Hispanic elderly in need of health care

B. Match the correct type of evaluation to the following statements below:

a. Impact
b. Process
c. Outcome

27. Information on client change

28. Information on program organization, operation, and management
29. Frequently need to satisfy accountability purposes
30. Eliminates alternative explanations of results by experimental control
31. Can supply diagnostic and interpretive data about a program

PRETEST

Answer Sheet

Circle the correct response(s)

I. TRUE AND FALSE

1. True False
2. True False
3. True False
4. True False
5. True False
6. True False
7. True False
8. True False
9. True False
10. True False
11. True False
12. True False
13. True False

II. MULTIPLE CHOICE

14. a b c d
15. a b c d
16. a b c d
17. a b c d
18. a b c d
19. a b c d
20. a b c d
21. a b c d

22 a b c d

III. MATCHING

23. a b c d
24. a b c d
25. a b c d
26. a b c d
27. a b c d
28. a b c d
29. a b c d
30. a b c d
31. a b c d

PRETEST

Answer Key

1. True
2. False
3. False
4. True
5. False
6. False
7. False
8. False
9. True
10. True
11. False
12. False
13. False
14. c
15. a
16. b
17. a, b, d
18. d
19. c
20. b, c
21. a, c
22. b, d
23. a
24. b
25. c
26. a
27. a, c
28. b
29. b, c
30. c
31. b, c

MODULE II

MODULE II. PREVENTION: YESTERDAY, TODAY, AND TOMORROW **TIME:** 3 HOURS 30 MINUTES

GOALS

- To expose participants to critical issues and common problems that affect the survival and growth of prevention programs, while building upon their individual experiences with their own programs
- To share successful growth strategies and discuss new options

OBJECTIVES

At the end of this Module, participants will be able to:

- List five critical incidents in the development of their drug abuse prevention programs
- Identify at least three "survival issues" common to each of the drug-abuse prevention programs that are represented
- Describe at least one successful "coping strategy" for each critical issue
- Identify at least one resource person within the training population who has dealt successfully with a similar survival issue.

MATERIALS

- Newsprint
- Magic Markers
- Reference Sheets
- Figures
- Worksheet

MODULE II OVERVIEW

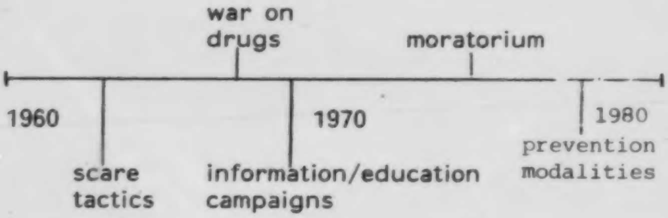
EXERCISE	TIME	METHODOLOGY
1. THE HISTORY OF DRUG ABUSE PREVENTION	1 HOUR	LARGE-GROUP LECTURE/DISCUSSION
2. DRUG ABUSE PREVENTION DEFINITION: OPTION #1	10 MINUTES	INDIVIDUAL AND LARGE-GROUP LECTURE/DISCUSSION
3. DEFINING DRUG ABUSE PREVENTION: OPTION #2	30 MINUTES	INDIVIDUAL/SMALL-GROUP DISCUSSION
4. GROWTH OF DRUG ABUSE	45 MINUTES	LARGE-GROUP LECTURE
5. PROGRAM LIFELINES	1 HOUR	INDIVIDUAL AND DYAD EXERCISE
6. REPORT OUT	30 MINUTES	LARGE-GROUP DISCUSSION
7. OVERVIEW OF THE GROWTH AND HISTORY OF DRUG ABUSE PREVENTION	1 HOUR	LARGE-GROUP LECTURE/DISCUSSION
8. PREVENTION TODAY	30 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
9. ORGANIZATIONAL/ PROGRAM INTERVIEW	30 MINUTES	DYAD-GROUP EXERCISE
10. REPORT OUT	30 MINUTES	LARGE-GROUP DISCUSSION

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
1 HOUR	1. LECTURE/DISCUSSION: THE HISTORY OF DRUG ABUSE PREVENTION The goal of this section is to help participants create a context for prevention and for their individual programs as growing, evolving entities. Choose one of two options when presenting this material: NOTE: The two options below suggest alternative ways to present the material on defining drug abuse prevention. OPTION #1 uses established definitions and generalized group discussion; OPTION #2 requires a group effort to arrive at a common definition of prevention. Choose the option most appropriate to the activity and involvement level of the training population, also considering their familiarity with and experience in drug abuse prevention. In conducting OPTION #2, emphasize the process of developing a definition rather than the actual development of a final definition. For example, what were the major areas of agreement and disagreement within the group about their definitions? How did individuals attempt to resolve them? Remind participants that the NIDA Prevention Delphi definition resulted from almost 2 years of deliberations among established experts. Defining it may indeed be much harder than doing it. This course assumes that participants are familiar with the history and general concepts of drug abuse prevention. If your training group seems particularly unfamiliar with primary prevention as currently understood and practiced, you may choose to provide a brief (5 to 10 minute) historical overview of the development of drug abuse prevention. The lecture material in Module II of the NDACTRD Community-Based Prevention Specialist course may be helpful in structuring that overview.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
10 MINUTES	2. DISCUSSION: DRUG ABUSE PREVENTION DEFINITION: OPTION #1
Newsprint Magic Markers	• Ask the participants to think for a few minutes about prevention and then to jot down a one to two sentence definition.
	• Ask the following questions (rhetorically) to help them in their thinking: - What are some examples of prevention activities? - What is the target population for prevention programming? - How is prevention different from treatment? - How is prevention of drug abuse like prevention of other problem behaviors?
	• Ask participants to discuss their definitions with the group. List them on newsprint for later discussion.
"NIDA's Drug Abuse Prevention Definition" and "Primary Prevention Definitions"	• Ask participants to study the definitions of drug abuse prevention. See Reference Sheets II-1 and II-2 on pages 29 and 31 of the Participant Manual.
	• Ask participants to compare these definitions with those on the newsprint.
	• Ask the following questions to stimulate discussion: - In what ways has your reading of the definitions in the manual changed your views about possible definitions? - What are some examples of prevention programming that fit the definition(s)? - What assumptions and/or rationales are implied by the definitions?

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
30 MINUTES Newsprint Magic Markers "Defining Prevention" Worksheet	3. DISCUSSION: DEFINING DRUG ABUSE PREVENTION: OPTION #2 ● Allow participants 15 minutes to fill out Worksheet II-1, page 37 of the Participant Manual. ● Divide participants into small groups to share and process their worksheets. Ask each group to begin to develop a common definition of prevention. ● Have small groups return and report their definitions. Ask the following questions and record the responses on newsprint: - What are some examples of prevention activities? - What is the target population for prevention programming? - How is prevention different from treatment? - How is prevention of drug abuse like prevention of other problem behaviors?
45 MINUTES Newsprint Magic Markers "Critical Incidents in the Growth of Drug Abuse Prevention" Reference Sheet	4. EXERCISE: THE GROWTH OF DRUG ABUSE PREVENTION ● Ask participants to think for a moment about drug abuse prevention--where it came from, how it got where it is today. Ask participants to then list five critical incidents in the growth of drug abuse prevention. ● Record these incidents on newsprint, making sure that the major developments listed in Reference Sheet II-3 on page 34 of the Participant Manual are included (i.e., scare tactics, drug-specific information/education programs, moratorium on prevention activities, the Delphi, and programs to reinforce positive behavior). ● From the information recorded on newsprint, generate a lifeline for prevention, placing the

critical incident on a chronological timeline like the one below:



1 HOUR

Newsprint
Magic Markers

5. EXERCISE: PROGRAM LIFELINES

- Ask participants to begin the same process for their own programs; they should list:
  - The critical incidents in their program's' growth and development
  - Their own critical incidents as staff members/managers/directors of their programs.
- Divide participants into dyads to help each other flesh out their incident inventories and create program lifelines for their programs.

30 MINUTES

6. REPORT OUT

- Ask participants to individually describe the results of the above exercise, particularly information about:
  - Their programs
  - Their place in the history of their programs
  - Their programs' places in the history and context of drug abuse prevention.

NOTE: Point out that prevention, and individual programs, have past histories, present situations (both of which influence the process of program management, planning and development), and futures. The thrust of this course is to create--through sound

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	management and careful planning--a successful future for prevention programs.
1 HOUR Newsprint Magic Markers	7. LECTURE/DISCUSSION: HISTORY OF DRUG ABUSE PREVENTION

- Present a general overview of the growth and history of drug abuse prevention, from scare tactics, through information programs, to affective education and developmental efforts.

NOTE: Use the following material adapted from Drugs in Perspective, NDACTRD, 1979, to guide your discussion. Where appropriate, use the "Successes" generated in Module I to reinforce your points.

Script:

History of Prevention

- Society has searched for an easy way to prevent substance abuse. Initially, we thought that if we showed people frightening movies and told them horror stories about drug abuse, they would be too scared to use drugs. Therefore, early drug-education programs consisted primarily of information about the dangers of specific drugs, and warnings about the physical, social, and psychological consequences of drug abuse--with special emphasis on the legal sanctions discouraging sale, use, and possession of drugs. (Remember Reefer Madness, a film which implies that smoking marijuana will make you "mad," and end with your arrest.)

  - This type of program was labeled "Scare Tactics." Similar programs were developed that Dr. Walter M. Mathews labeled "converting" programs. They attempted to dissuade the adolescent from using drugs by directing, preaching, convincing, and scaring:

    Directing--Teacher tells students what they must believe, value, and do.

Preaching--Similar to directing, but teacher appeals to the students' sense of duty to a vague, external authority.

Convincing--Teacher applies logic to lecturing method.

Scaring--Teacher emphasizes dangers of drug use.

- Similar methods included an emphasis on the hazards posed to your health by drugs, admonishment, indoctrination, persuasion, distortion, and fear. However, "scare tactics" and similar approaches proved ineffective as prevention strategies. Much of the information was invalid; thus, participants, particularly youth, began to question the credibility of the presenters and of the program itself.

- We then thought that if we provided factual information about drugs (i.e., "drug-specific" information that emphasized the drug and its pharmacology-the physical and psychological properties of drugs), people would make responsible decisions about drug use. But these drug-specific programs, too, adversely affected prevention efforts. Individuals began to regard drug use more favorably. The more knowledge people possessed about drugs, the more their attitudes favored drug use. Some researchers even found that exposure to "drug-specific" information resulted in an increase of drug use. As Swisher, Weiner, and Herr noted in 1972, "Straight information giving approaches have been previously shown to result in an increase, rather than a decrease of drug use."

- "Drug specific" programs were thought to alleviate fear of drugs and to heighten curiosity, thereby leading to more experimentation. Students often used the knowledge they acquired to attain high levels of intoxication.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

- In April through October of 1973, what was then the Federal Special Action Office for Drug Abuse Prevention (SAODAP) declared a moratorium on all prevention materials and activities. During this period, we regrouped to reevaluate our prevention strategies. As a result of the moratorium, we learned that scare tactics and drug-specific information alone do not deter drug abuse significantly; they are ineffective strategies.

- In 1974, Dr. DuPont, former director of the National Institute on Drug Abuse, surveyed drug education programs; he concluded that both educators and students believed the majority of existing drug education programs in their schools to be ineffective. Furthermore, they wanted to abolish these programs. In his review of the research on school-based drug education programs, Michael Goodstadt concluded that:

  > "There is an almost total lack of evidence indicating beneficial effects of drug education; very few educational programs have been evaluated and almost none have shown any significant improvement in anything other than levels of knowledge; attitudes and drug use have generally remained the same." (Schaps, Cohen, and Resnick, 1976)

- Consequently, a change of emphasis occurred --a shift away from pharmacological effects to the meaning and function of drug use/abuse behavior. This new orientation focused on the individual drug abuser in his or her own environment.

- In 1974, the Prevention Branch of NIDA initiated a nationwide, 14-month modified "Delphi" policy-planning process; involving over 400 prevention specialists in a series of nine planning conferences; the goal was to develop a national strategy for primary prevention. In 1975, the resulting recommendations were published in Toward A National Strategy For Primary Drug Abuse Prevention, Final Report, Delphi II. The report defined primary drug abuse prevention:

> "A constructive process designed to promote personal and social growth of the individual to full human potential and thereby inhibit or reduce physical, mental, emotional, or social impairment which results in or from the abuse of chemical substances."

Drug Abuse Program Continuum

NOTE: 1) Write the above definition on newsprint and insert Center for Multicultural Awareness' qualifications where appropriate, using Figure II-1 on page 35 of the Participant Manual, and 2) refer participants again to Reference Sheets II-1 and II-2 primary prevention definitions.

Further, the report established three basic themes for primary prevention:

1. Primary prevention must be understood in terms of the development and reinforcement of positive behavior.
2. Primary prevention programs must be responsive, in both design and operation, to the needs of those whom they are intended to serve or support.
3. Primary prevention programs should, wherever possible, employ collaborative efforts to utilize the already available capacities and resources of existing human service institutions (Delphi II, 1975).

The first of these themes promotes the concepts of developmental school and community-based alternatives, as well as educational programs that promote personal

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
	growth and responsible decision-making. Educational programs should integrate both cognitive and affective educational techniques. The cognitive approach increases knowledge of facts about substances and information concerning the use of substances. Facts and information can support efforts to develop a respect for substances, affect attitudes, and aid responsible decision-making. The cognitive approach stresses the development of knowledge, comprehension, application, analysis, synthesis, and evaluation of drugs and drug abuse. - The affective component focuses on the individual's needs, feelings, and emotions. This approach develops skills and helps the individual to clarify values and to improve decision-making; to improve self concept; to increase the ability to communicate and to relate more effectively alone and in groups; to solve personal and interpersonal problems; to deal effectively with feelings of anger, depression, and anxiety; to relax and enjoy daily activities; and to explore and participate in alternatives. - The integration of these two approaches provides individuals with knowledge and skills needed to build life processes where thinking and feeling are integrated. An individual can learn to understand his or her basic needs, to develop a good self concept, to make responsible decisions, and to discover alternatives to fulfill his or her needs.
30 MINUTES	8. LECTURE/DISCUSSION: PREVENTION TODAY ● Describe the spectrum of programs and approaches called "drug abuse prevention," relating them to:

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
"Drug Abuse Program Continuum," "Prevention Programs," and Multicultural Drug Abuse Prevention-Implementation Design" Figures	- NIDA's Continuum (See Figures II-1 and II-2, on pages 35 and 36 of the Participant Manual) - The Center for Multicultural Awareness (CMA) Model Figure II-3, page 38 of the Participant Manual. ● Use the CMA definition of primary prevention as part of the discussion: "Primary prevention of drug abuse is a constructive process designed to promote personal, social, economic, and political growth of the individual toward full human potential; and, thereby, inhibit or reduce personal, social, economic, or political impairment which results in or from the abuse of chemical substances." - Psychosocial Perspective 1. Goal--Individual accepts responsibility (develops insights) for his or her behavior and attempts to change. 2. Emphasis--The individual is "active." Use and nonuse are seen as complex and variable kinds of human behavior. The meaning and function of the drug, as well as the need that is satisfied by drug use, are stressed. 3. The Mode of Prevention is Education--Drug specific and nondrug specific, with an emphasis on the values and behavior of the individual. 4. Drawback--Decisions to use drugs are often impulsive, rather than rational, and are often influenced more by social factors than by information. - Sociocultural Perspective 1. Goal--To change the environment and/or social-economic conditions.

2. Emphasis--1) The adaption of the individual to the cultural and social context of his/her environment; 2) Factors in the sociocultural context should be adapted to the individual and his or her needs; and 3) The way in which society defines and responds to drug use and users determines the orientation of individual to drug use (e.g., differences in the responses of Eastern and Western cultures to drugs. Western--alcohol is legal; cannabis is illegal. Eastern--cannabis (hash) is legal; alcohol is illegal).

3. Drawbacks--Social and cultural changes often develop slowly and social/cultural institutions are often reluctant to change.

4. Drug-Specific Vs. Non-Drug Specific Approaches.

---

30 MINUTES

9. EXERCISE: ORGANIZATIONAL/PROGRAM INTERVIEW

- Ask participants to form self-selected dyads, interviewing one another about the histories and approaches of their respective programs.

- Explain that this exercise is divided into two rounds, each consisting of an interview, analysis and discussion.

  During each round, one person is the interviewer and the other supplies information about his or her program. The interviewer analyzes the information by identifying:

  - Five to seven critical incidents in the development of that program (e.g., a major grant award, hiring a new director, an anti-drug bill passed by the city council, a decrease in funding, a shift in demographics, industrial development, etc.)

  - Three significant survival/growth issues for that program

  - One coping strategy which the program is currently implementing.

In other words:

- ROUND 1:
  - A interviews B
  - A analyzes B's program history
  - A records on newsprint
  - A and B discuss.
- ROUND 2: Reverse roles.

- Explain that each person will tape up his/her analysis and that programs will be identified by name and representative.

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30 MINUTES

10. REPORT OUT

- Discuss the following points:
  - The interview process
  - Three areas of data collection
  - Participant's insight into own program.

NOTE: Compare and contrast the growth issues and coping strategies represented within the training population. Identify similarities and differences, perhaps beginning to link up individuals whose problems and successes are complementary (foundations for networking).

END OF MODULE II

AN OPERATIONAL DEFINITION OF DRUG ABUSE PREVENTION

- as conceptualized by
the National Institute on Drug Abuse's Prevention Branch

The fundamental objective of drug abuse prevention is to assist youth to develop and mature into healthy productive members of our society. Toward that end, prevention involves the process of "enablement," in which prevention professionals, lay-persons, family members and friends who are concerned, help youth create positive attitudes, values, behaviors, skills and lifestyles that will enable them to mature into happy and competent citizens who need not resort to the use of drugs. The desired outcome of prevention programs is the reduction, delay, or prevention of drug use behavior that is not within the parameters of medical therapy and that disrupts the normal developmental life cycle leading to human competency.

Over the last five years, the concept of drug education has expanded beyond programs that provide youths information or advice concerning drugs and their use. The current conceptual framework for drug abuse prevention programming at NIDA has evolved from the many prevention programs currently operating at the State and the community level. This framework for prevention operationally defines drug abuse prevention along a continuum of health care programs. The four prevention modalities are information, education, alternatives and intervention programs, with each program type best serving youth at different stages of the drug abuse problem. Treatment and rehabilitation programs complete the continuum and focus upon the drug addict and the recovering drug abuser./1/

Prevention Modalities are defined as follows:

Information Modalities--Approaches that involve the production and/or distribution of accurate and objective information about all types of drugs and the effects of those drugs on the human systems. Examples include drug information seminars, pamphlet development and distribution.

Education Modalities--Approaches that focus on skill building through use of well-defined and structured affective learning processes. Examples of skills that are to be enhanced include values clarification and awareness, problem solving, decisionmaking, coping with stress, and inter-personal communication. The affective learning processes that are used focus on helping people who may be deficient in the above mentioned skills, but may also serve to reinforce already existing skills. Examples include role playing, peer facilitation, and cross-age tutoring.

/1/ Bukoski, Dr. William J., "Drug Abuse Prevention: A Meta-evaluation Process," paper presented at the American Public Health Association Conference, November 4-6, 1979.

Alternatives Modalities--Approaches that provide growth-inducing experiences through which individuals develop increased levels of confidence and self-reliance. Enhancement in these areas is provided through social, occupational, esthetic, affective, and cognitive experiences. Alternatives-based activities are designed to provide exposure to a variety of rewarding activities that offer positive alternatives to drug-taking behavior. Examples include human service delivery in the community, restoration, conservation, and preservation of the environment.

Intervention Modalities--Approaches that focus on the reduction, elimination, and/or delay of drug use, drug use-related dysfunctional behavior, and other problem behaviors prior to onset of serious, chronic, debilitative behaviors. These prevention approaches are able to provide assistance and support to people during critical periods in their lives, when person-to-person communication, sharing of experiences, and empathic listening could contribute to a successful adjustment of a personal or family problem. Examples include professional counseling, rap sessions, and peer counseling.

Prevention settings are defined as follows:

School settings are those in which the major percentage of activity takes place within a school system, and where there are direct linkages to, and involvement with, school officials and functions, often during normal school hours.

Occupational settings are those in which the activities take place in an organization that has legal status as a profit or non-profit making corporation, partnership, or other formally-defined income-generating entity.

Family settings are those in which the major focus is on strengthening family relationships. The family is seen as the group through which the desired outcomes should be addressed.

Community settings are those in which the majority of activities are provided under community auspices, and are concerned with activities which impact on both individuals and the community as a whole. /2/

/2/ NIDA, Prevention Branch, "State Prevention Coordinator Grant Program Guidelines," May 1980.

DEFINITIONS OF PRIMARY PREVENTION

1. "Primary drug abuse prevention is a constructive process designed to promote personal and social growth of the individual toward full human potential and thereby inhibit or reduce physical, mental, emotional or social impairment which results in or from abuse of chemical substances."

   --the NIDA Drug Abuse Prevention Delphi, 1975.

2. "The purpose of prevention is to increase the likelihood that individuals will develop drinking-related behaviors that are personally and socially constructive. Negatively stated, prevention programs are aimed at reducing the number of persons whose alcohol-related behavior adversely affects the way they carry on the roles and responsibilities of everyday living."

   --from Planning Prevention Programs, National Center for Alcohol Education

3. "Primary prevention of drug abuse is a constructive process designed to promote personal, social, economic and political growth of the individual toward full human potential; and, thereby, inhibit or reduce personal, social, economic or political impairment which results in or from the abuse of chemical substances."

   --the Center for Multicultural Awareness, a project of NIDA's Prevention Branch

4. "Primary prevention encompasses those activities directed at specifically identified vulnerable high-risk groups within the community who have not been labelled as psychiatrically ill and for whom measures can be undertaken to avoid the onset of emotional disturbance and/or to enhance their level of positive mental health. Programs for the promotion of mental health are primarily educational rather than clinical in conception and operation with their ultimate goal being to increase people's capacities for dealing with crises and for taking steps to improve their own lives."

   --Stephen E. Goldston, Ed.D., Coordinator for Primary Prevention Programs, National Institute for Mental Health

5. "The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) requires the description of two types of behaviors - behavioral antecedents and consequences - which are useful in designing primary prevention activities, particularly with regard to health promotion and disease prevention.

   - Prevention of behavioral antecedents refers to interventions to reduce high risk behaviors such as teenage drinking, smoking and experimental drug use, which increase the probability of developing physical, emotional and behavioral problems.

- Prevention of behavioral consequences refers to interventions to prevent the deleterious effects (consequences) of high-risk behavior, such as accidents resulting from drinking which driving, or suicides or homicides resulting from emotional disorders, excessive drinking, or substance abuse."

--ADAMHA Prevention Policy Paper, August 17, 1979

6. "An aggregate of community education and social action programs which within an identified length of time and for specified groups of people, are able to measureably reduce the likelihood, frequency, seriousness, or duration of chemical use problems by means other than referral or recourse to the chemical dependency treatment system or correctional services."

--(The content of this definition was developed by the Michigan Office of Substance Abuse Services prevention staff.)

7. Primary prevention of social and behavioral problems is accomplished through ongoing processes that provide opportunities for individuals, small groups and organizations to increase: 1) knowledge or awareness of personal and collective potentials; 2) skills necessary to attain those potentials; and 3) creative use of resources to the end that all people have the ability to effectively cope with typical life problems and recognize, reduce or eliminate unnecessary or debilitating stress in the community without abusing themselves or others and prior to the onset of incapacitating individual, group or organizational problems.

--(The content of this definition was developed by the Human Services Training Institute, Michael B. Winer, Association Director, Spokane, Washington.)

8. Prevention includes purposeful activities designed to promote personal (emotional, intellectual, physical, spiritual, and social) growth of individuals and strengthen the aspects of the community environment which are supportive to them in order to preclude, forestall, or impede the development of alcohol and other drug abuse problems.

--Wisconsin State Drug Abuse Plan

9. Another way to break down the concept of health promotion is to consider the community as well as the individual. We are accustomed to think of an individual's health, both in terms of treatment and building resistance, but we can extend this to the community. Often people succumb to ill health in part as a result of forces in the social context. Such could include unemployment, insensitive institutions, including schools, or prevalent attitudes which reinforce unhealthy behaviors. If this is the case, then it makes sense to design programs which deal with these factors.

--Vermont Alcohol and Drug Abuse Division

Reference Sheet II-2 Continued

10. The National Association of Prevention Professionals' defines prevention as a proactive process utilizing an interdisciplinary approach designed to empower people with the resources to constructively confront stressful life conditions.

CRITICAL INCIDENTS IN THE GROWTH OF DRUG ABUSE PREVENTION

- Scare Tactics
- "Drug-specific" information and education programs
- Moratorium on prevention activities
- The Delphi
- Programs to develop and reinforce positive behavior
    - community-based alternatives
    - integrated cognitive and affective education approaches
- Critical historical incident

DEFINING PREVENTION

1. Prevention is ______________________________

2. Prevention programs are ______________________________

3. Prevention is different from "intervention" because ______________________________

4. Drug abuse prevention is different from drug education because ______________________________

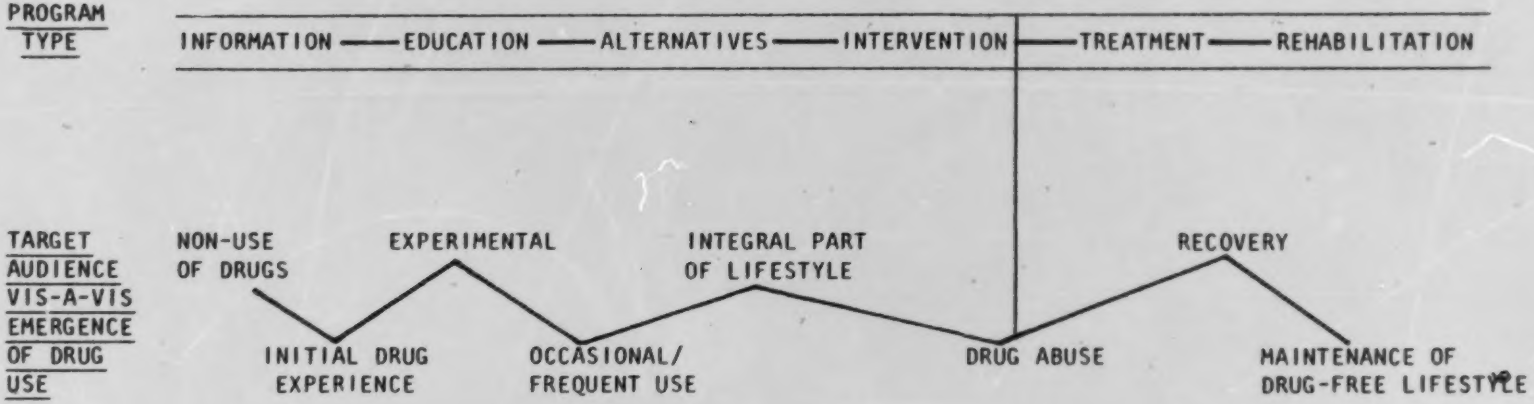
5. The age range for whom a prevention program is likely to be most successful is ______________________________

6. An example of a "drug abuse prevention activity" that isn't called drug abuse prevention ______________________________

7. Indicators that a prevention program is working might be ______________________________

8. Based on the above, my definition of drug abuse prevention is ______________________________

DRUG ABUSE PROGRAM CONTINUUM


PROGRAM TYPE
INFORMATION — EDUCATION — ALTERNATIVES — INTERVENTION — TREATMENT — REHABILITATION
TARGET AUDIENCE VIS-A-VIS EMERGENCE OF DRUG USE
NON-USE OF DRUGS
INITIAL DRUG EXPERIENCE
EXPERIMENTAL
OCCASIONAL/ FREQUENT USE
INTEGRAL PART OF LIFESTYLE
DRUG ABUSE
RECOVERY
MAINTENANCE OF DRUG-FREE LIFESTYLE

PREVENTION PROGRAMS

INFORMATION

- Accurate information
  - -Legal and illegal drugs and their effects
- Target specific for maximum results

ALTERNATIVES

- Constructive activities that meet developmental needs of youth
- Ownership and self-investment
- Constructive peer pressure

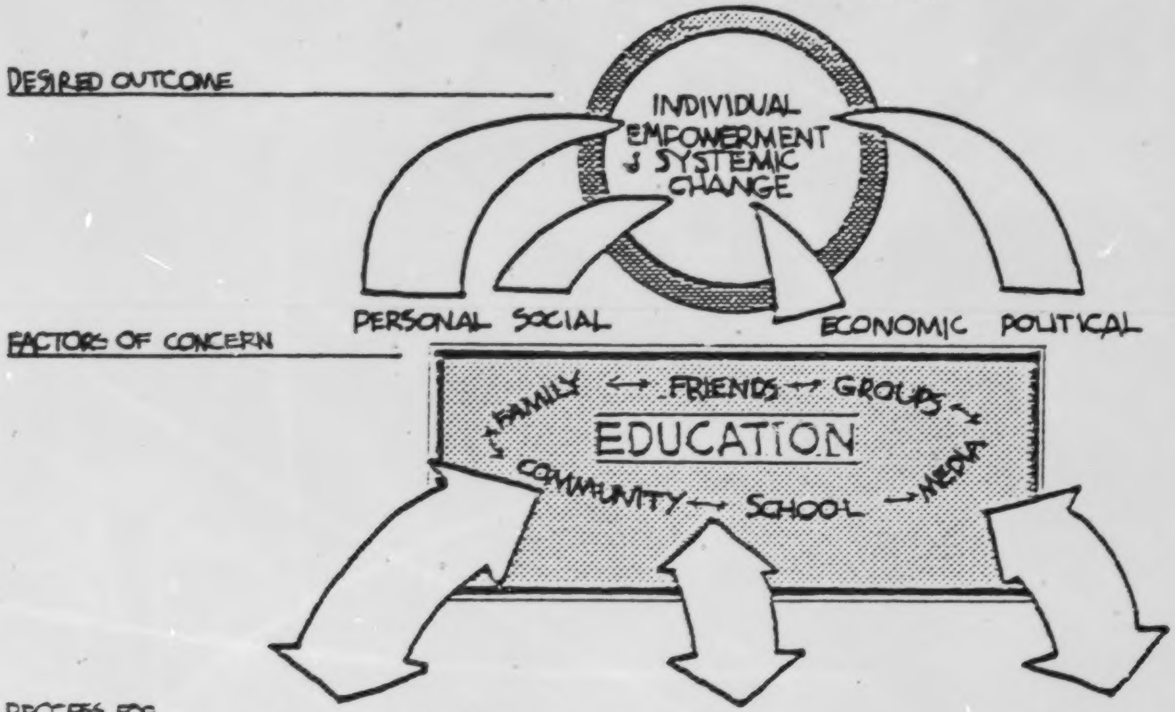
EDUCATION

- Process to help individuals develop skills to help themselves
  - -Decisionmaking skills
  - -Values awareness
  - -Communications
  - -Self-understanding
  - -Parent-family involvement
  - -Curricula
  - -Counseling

INTERVENTION

- Specific assistance and support for youth usually at high risk
  - -Counseling
  - -Hot lines
  - -Cross-age tutoring
  - -New peer group creation

MULTICULTURAL DRUG ABUSE PREVENTION--AN IMPLEMENTATION DESIGN


DESIRED OUTCOME
INDIVIDUAL EMPOWERMENT & SYSTEMIC CHANGE
PERSONAL
SOCIAL
ECONOMIC
POLITICAL
FACTORS OF CONCERN
FAMILY
FRIENDS
GROUPS
EDUCATION
COMMUNITY
SCHOOL
MEDIA

PROCESS FOR DEVELOPMENT & DELIVERY	KNOWLEDGE	SKILLS	RESPECT
CONTENT CATEGORIES	PERSONAL SOCIAL ECONOMIC POLITICAL	COMPUTATION COMMUNICATION VALUING DECISION-MAKING SELF-DEVELOPMENT ANALYTICAL MANIPULATION	SELF OTHERS
KEY CONCEPT	DIFFERENCES	DIFFERENCES	DIFFERENCES
MAJORITY DRUG ABUSE PREVENTION APPROACHES	DRUG INFORMATION ALTERNATIVES INTERVENTION	ALTERNATIVES INTERVENTION	ALTERNATIVES INTERVENTION

MODULE III

MODULE III: PROGRAM MANAGEMENT THEORY AND PRACTICE

TIME: 4 HOURS 15 MINUTES

GOALS

- To relate the growth issues being experienced by drug abuse prevention programs to the body of knowledge concerning organizational development and human services management

OBJECTIVES

At the end of this Module, participants will be able to:

- Help participants identify the present stage or organizational development of their prevention program in terms of current theory and practice
- Describe the basic functions of management as applied to human service programs.

MATERIALS

- Paper
- Pencils
- Newsprint
- Magic Markers
- Participant Manuals
- Worksheet
- Figures
- Selected Reading

MODULE III OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. UNDERSTANDING THE CONTEXT OF YOUTH PREVENTION PROGRAMS	30 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
2. TEN DOMAINS FOR UNDERSTANDING ORGANIZATIONS	30 MINUTES	INDIVIDUAL/SMALL GROUP/LARGE GROUP EXERCISE/DISCUSSION
3. THE NATURE OF MANAGEMENT	30 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
4. MANAGEMENT--WHAT IT IS	20 MINUTES	LARGE-GROUP AND SMALL-GROUP LECTURE/DISCUSSION
5. MANAGEMENT FUNCTIONS	20 MINUTES	LARGE-GROUP AND SMALL-GROUP LECTURE/DISCUSSION
6. REPORT OUT	10 MINUTES	LARGE-GROUP DISCUSSION
7. A SITUATIONAL APPROACH TO MANAGEMENT	30 MINUTES	LARGE-GROUP LECTURE
8. STYLES OF LEADERSHIP	50 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
9. ASSESSING THE READINESS LEVEL	20 MINUTES	LARGE-GROUP DISCUSSION
10. SUMMARY	15 MINUTES	LARGE-GROUP DISCUSSION

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
30 MINUTES "Ten Domains for Understanding Organizations"	1. LECTURE/DISCUSSION: UNDERSTANDING THE CONTEXT OF YOUR PREVENTION PROGRAMS

- Using the material generated during the exercises in the preceding module, where participants looked at the histories and characters of their individual programs, provide a framework for looking at organizations based upon Ten Domains for Understanding Organizations, by Leroy Wells, Jr. (See Selected Reading III-1, on page 47 of the Participant Manual.)

  Wells analyzes organizations in terms of ten major "domains" which synthesize aspects of psychoanalytic, social, psychological, psychodynamic, and sociological theories of organizations:

  1. Origins and history
  2. Major task(s)
  3. Social structure
  4. Boundary management
  5. Culture
  6. Social process
  7. Technology
  8. How an enterprise generates, allocates, and utilizes resources
  9. Effectiveness and efficiency (output)
  10. Demographic characteristics

- Describe each domain of Well's approach. Ask participants to review their organizational lifelines or interviews. Look at which of the domains they have already begun to collect data about, as they viewed their organization's growth, activities, responses to change and crises, and other critical incidents in the life of their prevention program.

- Point out the relationship of the "domains" approach to the training design, as we explore the roles of program managers in coordinating and shaping these characteristics of your organization.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
30 MINUTES Newsprint Magic Markers "Ten Domains for Understanding Organizations" Worksheet	2. EXERCISE: TEN DOMAINS FOR UNDERSTANDING ORGANIZATIONS • Introduce Worksheet III-1 on page 43 of the Participant Manual, which is based on Wells' Ten Domains for Understanding Organizations. • Ask participants to individually generate data from their programs for category #2, Major Tasks, and category #8, How an Enterprise Generates, Allocates, and Utilizes Resources. Allow no more than 10 minutes for this exercise. • Ask participants to form groups of five to discuss their worksheets. Each group will record data on newsprint. • Reconvene large group and ask small groups to report out on data listed on the newsprint. • Encourage participants to complete their Worksheet on their own for the other domains as more data surfaces in later modules. • Process this exercise by relating it to the next lecture/discussion on management theory and practice: - Management is the activity that allocates and utilizes resources for organizational tasks. - The preceding exercise was intended to get participants thinking about: 1. How an organization's tasks establish parameters for the generation, allocation, and utilization of resources, and 2. How the manner in which resources are allocated and utilized affects the accomplishment of tasks.

30 MINUTES

Newsprint
Magic Markers

3. LECTURE/DISCUSSION: THE NATURE OF MANAGEMENT

NOTE: The lecture material below is excerpted from Basic Management Skills (Revised-NDACTRD, 1979).

Script:

Management is the activity that allocates and utilizes resources to achieve organizational goals.

NOTE: Write this definition on newsprint.

- Every society, from the most primitive to the most advanced, establishes certain economic institutions or organizations that perform the productive function of converting resources into usable outputs to satisfy needs.

- It would be possible to carry out this productive process on a helter skelter, "do the best you can" basis. However, to utilize limited resources to optimal advantage and to create the best value possible for the users of economic outputs, we need someone to manage, that is, to allocate and utilize resources effectively.

- Thus, the importance of management is clearly evident: the manager is the primary factor behind the pattern of resource allocation that occurs in the many and varied profit and non-profit organizational systems existing in our society. No cooperative enterprise can exist without management; someone has to see that resource activities are planned, that work is divided and assigned, that the human resource is acquired and maintained, that resource activities are controlled, and that the whole resource system is guided toward the accomplishment of objectives. This is the job of the manager, who thus becomes a very special resource that will be called the management resource.

- The management resource can greatly influence the environment in which we live. As Peter Drucker (1954) has pointed out:

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	"The manager is the dynamic, life-giving element in every business. Without his leadership, the 'resources of production' remain resources and never become production. In a competitive economy, above all, the quality and performance of the managers determine the success of a business, indeed they determine its survival. For the quality and performance of its managers are the only effective advantages an enterprise in a competitive economy can have." The essence of this concept is that the manager is one who organizes and determines the utilization of resources within his/her system, e.g., program, unit, etc.
20 MINUTES Paper Pencils Newsprint Magic Markers	4. EXERCISE: "MANAGEMENT--WHAT IT IS" ● Divide participants into small groups and ask them to generate a list of all activities involved in program management. NOTE: Emphasize quantity not quality; you may give a prize for the longest list. ● Process the work of the small groups and compile a list that identifies: - Considerations for special populations - Ethnic differences - Possible urban/rural distinctions
20 MINUTES "Management Functions" Figure	5. LECTURE/DISCUSSION: MANAGEMENT FUNCTIONS ● Using Figure III-1 on page 44 in the Participant Manual, discuss the list generated by participants. Group the activities into these five major categories: 1. Planning 2. Organizing 3. Staffing 4. Directing

5. Evaluating ("Evaluating" in this context refers to assessing the effectiveness of the management process, rather than evaluating program process or outcomes.)

- Divide participants into small groups and ask them to list qualities associated with each particular leadership style. Each individual should select his or her predominant leadership style (the style he or she perceives him or herself usually adopting in work settings), and the style which he or she would like to see supervisors employ. Discuss in the group.

---

10 MINUTES

6. REPORT OUT/DISCUSSION

- Ask for a count of predominant leadership styles. Human service workers tend, at least in terms of self-perception, to be collaborative and delegating. Discuss this tendency in terms of the situational aspects of leadership that are described in life cycle leadership theory.

---

30 MINUTES

7. LECTURE: "A SITUATIONAL APPROACH TO MANAGEMENT"

NOTE: The model to be examined here is adapted from the revised edition of Basic Management Skills, NDACTRD, 1979. It is a modification of the work done by Blanchard and Hersey; it offers the manager some tools to assess his or her particular situation and to determine the management style most appropriate for that situation.

- Time Management Theory suggests that 80% of a manager's time should be spent on planning and evaluation (Alan Lakein, How To Control Your Time And Life).

- State that most people in management positions are currently spending 30-40% of their time on those activities. Participants should view "80%" as a goal.

- Ask trainees to give specific examples of the kind of activities that currently occupy their time.

NOTE: You may ask participants to asterisk those activities which constitute a major component of their jobs.

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50 MINUTES

Newsprint
Magic Markers

8. DISCUSSION/EXERCISE: STYLES OF LEADERSHIP

- List on newsprint the four generic styles of ship:

  1. Directing
  2. Consulting
  3. Collaborating
  4. Delegating

NOTE: These four functions are described in the life cycle leadership theory developed below. At this point, you should briefly describe each style. This view of management presumes that there is no "best" style of management. The most effective leader is able to vary his or her leadership behavior in response to the specific task and to the readiness level of those people who will be expected to accomplish that task.

Script:

- What do we mean by readiness level? By considering the following four factors, a manager can look at the task at hand and then determine his or her staff's readiness to complete that task.

  1. Achievement motivation: Consider your staff's past performances. Do they seem motivated to excel?

  2. Willingness and ability to assume responsibility for task completion: There is a difference between willingness and ability. Both factors must be considered when making the assessment.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

3. Task relevant education: The issue here is not the general educational background. The key question is: "What does the person or group know in relation to completing this task?"

4. Experience as an individual or group working on similar tasks: Consider how long the group has been together. The introduction of one new member into a group will significantly affect the nature of the group. If that new person is the leader, his or her impact becomes even more significant. In the case of an individual, ask yourself, "Is this person a self-starter?"

- The leader can grade the readiness level of his or her staff in the following manner:

1. Low Readiness Level: Staff scores low on three of the four indicators.

2. Low Average Readiness Level: Staff scores high on one indicator (but not the first), and average to low on the other three indicators.

3. Average Readiness Level: Staff scores high on two indicators, including the first, and average on the two remaining indicators.

4. High Average Readiness Level: Staff scores high on three indicators, including the first two, and average on the fourth indicator.

5. High Readiness Level: Staff scores high on all four indicators.

- This is obviously a subjective assessment, and a very rough one at that. But we must make these kinds of assessments, anyway, and we usually make them with no explicit guidelines.

It is critical that value judgments not be connected with the assessment of readiness level. A staff whose readiness level is low is not a poor staff, but one who needs different things from the manager than a staff with average or high readiness would.

- Stop at this point and ask for questions or comments from the trainees.

Script:

- What is needed? A staff with a low readiness level needs STRUCTURE from the manager. They will not provide the structure themselves; therefore, the effective manager must provide it for them. Since there is a tendency for many people to attach a negative connotation to the word "structure," let's look more closely at the behavior associated with the term.

- "Structuring behavior" entails:

  1. Defining and clarifying the task or problems in terms of scope and specificity
  2. Organizing and defining the roles of group members
  3. Defining, clarifying, and assigning what, when, where, and how tasks are to be accomplished
  4. Establishing patterns and channels of communication among group members and between the group members and the leader
  5. Establishing procedures for reporting which should be used to monitor progress toward task completion and to evaluate task accomplishment.

NOTE: The trainer may choose to give a specific example to illustrate one or more kinds of structuring behavior.

- Stop at this point and ask for questions and comments from the trainees.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

Script:

- The theory we're discussing speaks of creating an environment which will enable a person or group to move toward a higher level of accomplishment. How can an effective manager facilitate this process?

- One way is to respond in a manner that is appropriate for the readiness level of the staff or individual. For example, for a low readiness group, the leader must provide structure. But the leader must do something else as well. He or she must initiate the kind of work environment that fosters growth in the staff members and which can generate a higher level of readiness. Let's look at some kinds of climate-setting behavior that leaders can initiate.

- "Climate-Setting Behavior" occurs when the leader:

    1. Promotes acceptance of views which may be new and/or different.

    2. Models and promotes--through acknowledgement and praise--the exchange of constructive feedback, as well as positive feedback.

    3. Builds trust among group members and between the group and him- or herself.

    4. Promotes social and emotional support, friendship, and mutual concern.

NOTE: Once again, you may choose to give a specific example of one or more of these leader-initiated behaviors.

- To summarize, a group or an individual whose readiness level is low needs a high level of both structuring behavior and climate-setting behavior from the manager; they will not provide it for themselves. Without this behavior, the task will not be accomplished and the work environment will not promote growth.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*

- Stop at this point and ask for questions and comments from the trainees.

Script:

- There is a third category of managerial behavior which is equally necessary--"Transferring Behaviors." Let's talk about them.

- "Transferring Behavior" occurs when the leader:

  1. Solicits ideas from the group which are used when planning and/or completing the task

  2. Seeks out and utilizes the resources and skills of group members when planning and/or completing the task

  3. Provides opportunities for group members to develop and use their abilities when defining and solving the problem or task

  4. Provides opportunities for group members to assume responsibility for task completion.

- The kinds of transferring behavior listed here follow each other sequentially. The first can be used even with a low-readiness group. As the level of readiness goes up, the manager can integrate the other behaviors into his or her style.

- To summarize, with a group or individual whose readiness level is low, the manager must provide a higher level of structure and climate-setting behavior and a low level of transferring behavior.

- Stop at this point and ask for questions and comments from the trainees.

Script:

- What about groups or individuals whose readiness level is average or above? They need much less structure from the manager, simply because they have the willingness and the compatibility to provide their own. In fact, if the manager provides high structure for this staff they will resent it and respond negatively. The higher the readiness level, the more transferring is necessary.

- Climate-setting behavior by the leader needs to remain high with a group whose readiness level is average but decreases as the group becomes more able to provide for it themselves.

- Therefore, the effective manager is able to:

  1. Diagnose--with the help of the factors we have discussed--the readiness level of the staff or individual for the specific task to be accomplished.

  2. Match his or her managerial style to the needs of the group for the specific task at hand.

---

20 MINUTES

"Matching Managerial Style to Group Readiness Level" Figure

9. DISCUSSION: ASSESSING THE READINESS LEVEL

- Use Figure III-2 on page 46 of the Participant Manual for the following section. The arrows on the diagram represent the direction that the manager follows to raise the readiness level of his staff and/or individual staff members. The effective manager is always slightly ahead of the group, guiding and directing them in a direction that will promote growth.

- Stop and ask for questions and comments from the trainees.

Script:

A few points need to be emphasized:

- The assessment of the level of readiness must be made for each task to be accomplished. The same person might be at a different level of readiness for different tasks. Or, if a group is high/average on some tasks, their readiness level may be low for another task. If this happens, the manager simply moves back to the closest appropriate quadrant (e.g., from Quadrant III to Quadrant II, to provide more leader-initiated structure). However, Quadrant III behavior would be maintained for the other tasks.

- Some groups or individuals will always be at a low-readiness level. This fact may be explained by external or historical factors over which the manager has little or no control. In this case, the manager must maintain the Quadrant I behavior.

- A special word about Quadrant IV: A manager would use this style only with a group or individual whose level of readiness is high. It is more likely for an individual to be at a high readiness level than for an entire group to be. However, there certainly are some high level groups, and they delight their managers.

- However, Quadrant IV often creates in a manager what can be labeled the "Quadrant IV Existential Crisis." The manager in this quadrant maintains a very low profile; he or she is more a resource than anything else, simply because the group needs nothing more. Often the manager begins to question his effectiveness--or even wonders whether he or she is still necessary. Hence, the crisis. In reaction to these feelings of insecurity, some managers will begin to initiate more structure than the group needs; this creates serious problems and is a pitfall to be avoided by a manager.

- Stop at this point and ask for questions and comments from the trainees.

15 MINUTES

10. SUMMARY

- Summarize the module and overview the content of Module IV:

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	- Application of the situational model - Managerial style profile - The model of planned renegotiation and its applications.
	END OF MODULE III

MODULE III: PROGRAM MANAGEMENT THEORY AND PRACTICE-1 **WORKSHEET**

TEN DOMAINS FOR UNDERSTANDING ORGANIZATIONS

(Adapted from Leroy Wells' article,
Ten Domains for Understanding Organizations)

Instructions: Analyze your program in terms of the ten organizational domains listed below. Insert data specific to your program in the boxes to the right of the domains.

PROGRAM DATA

1. Origins and history
2. Major tasks
3. Social structure
4. Boundary management
5. Culture
6. Social process
7. Technology
8. How an enterprise generates, allocates and utilizes resources
9. Effectiveness and efficiency (output)
10. Demographic characteristics

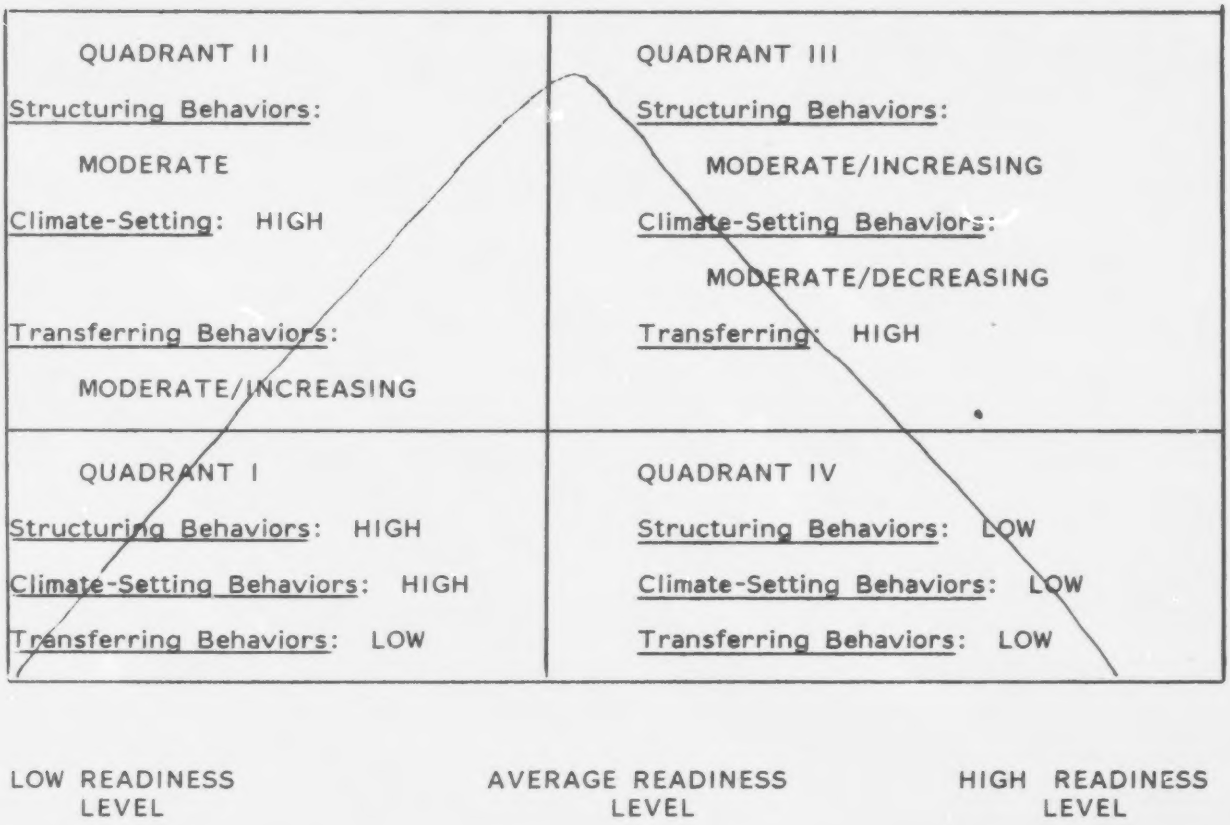
MANAGEMENT FUNCTIONS

FUNCTION	ACTIVITY	DEFINITION
1. PLAN (Predetermine course of action)	Forecast	Establish where present course will lead.
	Set objectives	Determine desired end results.
	Develop strategies	Decide how and when to achieve goals.
	Program	Establish priority; sequence timing of steps.
	Budget	Allocate resources.
	Set procedures	Standardize methods.
	Develop policies	Make standing decisions on important recurring matters.
2. ORGANIZE (Arrange and relate work for effective accomplishment of objectives)	Establish organization	Draw up organization chart.
	Delineate relationships	Draw liaison lines to facilitate coordination.
	Create position descriptions	Define scope, relationships, responsibilities, and authority
	Establish position qualifications	Define the qualifications for persons in each position.
3. STAFF (Choose competent people for positions in organization)	Select	Recruit qualified people for each position.
	Orient	Familiarize new people with situation.
	Train	Make proficient by instruction and practice.
	Develop	Help improve knowledge, attitudes, and skills.

Figure III-1 Continued

4. DIRECT (Bring about purposeful action toward desired objectives)	Delegate	Assign responsibility and exact accountability for results.
	Motivate	Persuade and inspire people to take desired action.
	Coordinate	Relate efforts in most effective combination.
	Manage differences	Encourage independent thought and resolve conflict.
	Manage change	Stimulate creativity and innovation in achieving goals.
5. EVALUATE (Ensure progress toward objectives according to plan)	Establish reporting	Determine what critical data are needed, how and when.
	Develop performance standards	Set conditions that will exist when key duties are well done.
	Measure results	Ascertain extent of deviation from goals and standards.
	Take corrective action	Adjust plans, counsel to attain standards, replan, and repeat cycle.
	Reward	Praise, remunerate, and discipline.

MATCHING MANAGERIAL STYLE TO GROUP READINESS LEVEL



QUADRANT II

Structuring Behaviors:

MODERATE

Climate-Setting: HIGH

Transferring Behaviors:

MODERATE/INCREASING

QUADRANT III

Structuring Behaviors:

MODERATE/INCREASING

Climate-Setting Behaviors:

MODERATE/DECREASING

Transferring: HIGH

QUADRANT I

Structuring Behaviors: HIGH

Climate-Setting Behaviors: HIGH

Transferring Behaviors: LOW

QUADRANT IV

Structuring Behaviors: LOW

Climate-Setting Behaviors: LOW

Transferring Behaviors: LOW

LOW READINESS LEVEL
AVERAGE READINESS LEVEL
HIGH READINESS LEVEL

MODULE IV

MODULE IV: MANAGERIAL STYLE AND PLANNING FOR CHANGE **TIME:** 2 HOURS 35 MINUTES

GOALS

- To enable participants to relate their own program issues to such concepts as situational leadership theory and Sherwood's Model of Planned Renegotiation.

OBJECTIVES

At the end of this Module, participants will be able to:

- Describe the elements of a "planned renegotiation" process which participants will use to deal with organizational change

- Graph their own personal management/leadership styles as prevention program managers.

MATERIALS

- Newsprint
- Pens
- Pencils
- Magic Markers
- Participant Manuals
- Worksheets
- Reference Sheets
- Selected Reading

MODULE IV OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. APPLYING THE SITUATION MODEL	30 MINUTES	SMALL-GROUP AND LARGE-GROUP EXERCISE/DISCUSSION
2. SCORING THE MANAGERIAL STYLE PROFILE	20 MINUTES	INDIVIDUAL EXERCISE
3. PROFILES	25 MINUTES	SMALL-GROUP DISCUSSION
4. THE CONSTANT IN PREVENTION CHANGE	15 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
5. THE MODEL OF PLANNED RENEGOTIATION	20 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
6. APPLYING THE CONCEPT OF PLANNED RENEGOTIATION	30 MINUTES	SMALL-GROUP EXERCISE
7. SUMMARY	15 MINUTES	LARGE-GROUP DISCUSSION

MODULE IV. MANAGERIAL STYLE AND PLANNING FOR CHANGE

TIME, MEDIA, AND MATERIALS

30 MINUTES

Pencils
"Managerial Style
Profile" Reference Sheet

OUTLINE OF TRAINING ACTIVITIES

I. EXERCISE: APPLYING THE SITUATIONAL MODEL

- Divide the group into subgroups of four to five members.
- Ask the trainees to complete Reference Sheet IV-1 on page 67 of the Participant Manual.
- Assign each subgroup three of the problems from the profile. Make sure all problems are assigned.
- Ask the groups to discuss their three problems and to reach consensus on the most appropriate managerial response, based on the model.

NOTE: The trainees will get the best results if they:

1. Read the problem.
2. Determine the readiness level of the group.
3. Place their manager in one of the quadrants.
4. Select an option.

NOTE: Caution the trainees not to change any of their answers to reflect the group decision. Their answers will be used later in the module to determine their individual style profiles.

- After 15 minutes, re-form the large group.
- Ask each subgroup to reveal both the option they selected and their rationale for the selection.
- Allow for questions and discussions from the group.

NOTE: You can find the option which is considered the best in Volume IV of Step III of the scoring guide.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
20 MINUTES Pens "Scoring the Managerial Style Profile" Worksheet	2. EXERCISE: SCORING THE MANAGERIAL STYLE PROFILE • Explain to the trainees that the Managerial Profile is not a test of their intelligence of knowledge of this theory. It is intended to provide them with feedback about their styles as managers. • Ask the trainees to turn to Worksheet IV-1, on page 67 of the Participant Manual. NOTE: To avoid confusion, the trainer should walk the trainees through the scoring process. STEP 1: INTERPRETING THE PROFILE Script: - The problems on the profile are written in such a manner that if answered perfectly, the response in each quadrant would be "three." - But it is rare that anyone's score looks this way. Usually, the distribution of responses reflects a preferred style and a backup style. For example: this person's preferred style is Quadrant II, with Quadrant III as a backup. He or she also has the flexibility to use Quadrant I, but less often. He or she does not naturally use Quadrant IV. It is not unusual for people to have a zero or a one in Quadrant IV. - This part of the profile reflects the person's preferred style and indicates his or her flexibility to use other styles when appropriate. NOTE: Emphasize that no value judgment should be placed on the results; it is simply data to be examined in the light of a particular theoretical model.
25 MINUTES	3. DISCUSSION: PROFILES • Ask the trainees to return to the small groups formed for the previous exercise.

- Allow 10 minutes for the small group to examine the relationship of profiles to personal experience, discuss their profiles, clarify points of confusion, and explore some of the implications of their scores for their work.

NOTE: During the small group discussion period, the trainers should make themselves available to answer questions.

- After 10 minutes, re-form the large group and ask trainees to discuss what they have learned.
- Trainer processes; relate the four quadrants to generic style description as outlined below:
    - Quadrant I - Directing
    - Quadrant II - Consulting
    - Quadrant III - Collaborating
    - Quadrant IV - Delegating.

15 MINUTES

Newsprint
Magic Markers

4. LECTURE/DISCUSSION: THE CONSTANT IN PREVENTION CHANGE

> "In a world characterized by constant change, the learner will inherit the world, while the learned will be equipped to cope with a world which no longer exists."
>
> \- Eric Hoffer

- Using the earlier exercises, during which participants placed their programs (and the drug abuse prevention movement) in a historical context, reinforce the participants' awareness of the constant impact of change on their programs. Change makes the concepts of such theories as life cycle leadership particularly applicable for prevention managers.
- In the large group, discuss the following: How do you and your organization cope with change?

NOTE: You should list on newsprint the normal organizational consequences of change, including both the negative responses (fear, resistance, confusion, desire to return to the "good old days") as well as the positives (challenge, excitement, creativity).

- Conclude discussions with the following statement:
  - As managers, if we assume that change is going to happen, we have two choices: to struggle against it or plan for it. Planning for change significantly enhances the possibility that the consequences of change will be positive.

---

20 MINUTES

5. LECTURE/DISCUSSION: THE MODEL OF PLANNED RENEGOTIATION

(Some of the material in this lecture is directly excerpted from Planned Renegotiation: A Norm-Setting OD Intervention, by John J. Sherwood and John C. Gildewell from The 1973 Annual Handbook for Group Facilitators. This material was originally reprinted from the Warner Burke edition of Contemporary Organization Development Approaches and Interventions, Washington, D.C. NTL Learning Resources Corporation, 1972.)

"Planned Renegotiation"

- Introduce "planned renegotiation," a strategy which encourages individuals and organizations to develop mechanisms for taking maximum advantage of changes in programs, staff, and funding (see Selected Reading IV-1 on page 71 of the Participant Manual).
- Cover the following points:
  1. Organizational systems repeatedly cycle through:
     - The sharing of information and the negotiation of expectations.

- The commitment to a set of expectations which governs behavior during a variable period of stability.
- A period of stability and productivity when, for the most part, everyone does what is expected of them.
- A disruption, at which point the possibility of change enters the system.

2. It is at the point of disruption that expectations can be renegotiated and change can occur.
3. But, at the very time the system is most open to change, there are forces working to maintain the "status quo."
4. This is because disruption engenders anxiety, uncertainty, and an almost instinctive drive to return to normal.
5. As Sherwood and Glidewell state in their article:

> "The system must be held open if change is to enter. If new information is allowed to enter the relationship and is treated in a problem-solving way, it can provide the basis for renegotiating the expectations governing the relationship. The newly renegotiated expectations are therefore more likely to be in line with the current realities of the situation, and once commitment occurs, the (ensuing) period of stability is likely to be more enduring before the next . . . disruption."

6. Without renegotiation, disruptions are likely to occur more frequently and with potentially destructive consequences.
7. The concept of planned renegotiation is grounded in anticipating disruption, so

that expectations can be renegotiated in advance. It circumvents the stress of renegotiating in the midst of disruption. It allows for controlled change which is ultimately more comfortable for all people in the system.

8. The key to effective planned renegotiation is to take responsibility for initiating the process of renegotiation when you feel a "pinch"--a signal of impending disruption.

9. Working with this model, you will discover that "anxiety becomes controlled and tolerable when there is a commitment to problemsolving."

10. Planned renegotiation is particularly useful to people working with fluid, rapidly changing systems (such as drug prevention programs) in that it provides a mechanism for rapidly integrating new information and responding quickly and constructively to problems.

30 MINUTES

6. EXERCISE: APPLYING THE CONCEPT OF PLANNED RENEGOTIATION

- Ask participants to apply the concepts of planned renegotiation to their situations as managers of prevention programs in one of two ways:

EITHER:

- Participants form small groups, and discuss potential situations in which the planned renegotiation model would be applicable, and strategies for those situations; small groups report out and the trainer processes the results.

OR

- In small groups, volunteers role-play actual situations which may have arisen in their prevention programs. They should

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
	try to apply planned renegotiation to positive results from changes. Small groups report out; trainer processes. NOTE: Attention should be given to any particular ethnic/racial minority concerns, or urban/rural differences, which surface.
15 MINUTES	7. SUMMARY • Wrap up the management and organizational development models presented. Keep in mind the specific context of prevention programs within an environment of constant change, and point participants to other resources, including NDAC's Basic Management Skills course.
	END OF MODULE IV

SCORING THE MANAGERIAL STYLE PROFILE

STEP I:

Use the chart below to transfer your answers from the problem sheet by circling the letter you selected as your preferred option. Add the number of circles in each column and record that number in the column total box.

Problem	Column I	Column II	Column III	Column IV
1	A	C	B	D
2	B	C	D	A
3	C	A	D	B
4	B	A	C	D
5	C	B	D	A
6	B	C	D	A
7	A	C	B	D
8	B	D	A	C
9	C	B	D	A
10	A	B	C	D
11	A	C	B	D
12	D	B	C	A
Column Totals				

Step II:

In the diagram below, place the number you show as a total in Column I in the space marked Quadrant I. Follow the same procedure for Columns II, III, and IV. The diagram is complete when there is a number in each quadrant.

Quadrant I	Quadrant II
Quadrant III	Quadrant IV

Step III:

Once again, use the chart below to transfer your answers from the problem sheet by circling the letter you selected as your preferred option. Add the number of circles in each column and record that number in the column total box.

Problem	Column I	Column II	Column III	Column IV
1	D	B	C	A
2	A	B	D	C
3	C	B	A	D
4	B	A	C	D
5	A	D	B	C
6	A	D	B	C
7	A	C	D	B
8	B	D	A	C
9	A	D	B	C
10	A	D	C	B
11	A	C	D	B
12	D	B	C	A
Column Totals				
		multiply by		
	-2	-1	+1	+2

Total =

Step IV:

The next step is to do some arithmetic. Take the number in each column and do the multiplication as indicated. For example, if your total in Column I is 2, you would multiply 2 by -2, and your answer would be -4. Follow the same procedure for each column.

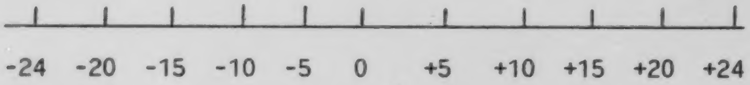
Step V:

Now add the figures in each column. For exampie, Column I is -4; Column II is 0; Column III is 5; Column IV is +10. Your total score will be +11.

Worksheet IV-1 Continued

Step VI:

Using the scale below, locate the number which corresponds to the total you received after the addition of the figures in Columns I-IV. Place an X on the scale at the corresponding number.



Interpreting the Style Profile

1. The problems on the profile are written in such a manner that if answered perfectly, there would be three responses in each quadrant.

3 Quadrant II	3 Quadrant III
3 Quadrant I	3 Quadrant IV

2. It is rare that anyone's score sheet looks that way. What usually happens is that the distribution of the responses will reflect a preferred style and a back-up style. For example:

6 Quadrant II	4 Quadrant III
2 Quadrant I	0 Quadrant IV

The person's preferred style is Quadrant II with Quadrant III as a back-up style. He/she also has the flexibility to use Quadrant I, but less often. He/she does not naturally use Quadrant IV.

3. What this part of the profile reflects is the person's preferred style and an indication of their flexibility to use other styles when appropriate.

4. No value judgments should be placed on your results. It is simply data to be examined in the light of a particular theoretical model.

5. Step IV on the scoring sheet determines an effective rating based on the number of responses which fell in the +2, +1, -1, -2 columns. Those responses in Column IV (+2) are considered to be the most appropriate.

6. The effectiveness rating could range from -24 to +24. It is quite possible that a lower effectiveness rating will correlate with a strong tendency toward one participant quadrant. For example, if a person has a score of 9 in Quadrant II, he/she will have selected that option at least 6 times when it was not the most appropriate response, therefore, a lower effectiveness score.

THE MANAGERIAL STYLE PROFILE

DIRECTIONS: Read each problem description carefully. Then look at the options offered as a response to the problem. Select the option which MOST CLOSELY REPRESENTS WHAT YOU WOULD DO if you were the manager in the situation described. Circle the option you select.

1. The prevention team leaders in your prevention program appear to be having serious problems getting the job done. Their performance has been going downhill rapidly. They have not responded to your efforts to be friendly or to your expressions of concern for their welfare.

   What would you do?

   a. Re-establish the need for following program procedures and meeting the expectations for task accomplishment.

   b. Be sure that staff members know you are available for discussion, but don't pressure them.

   c. Talk with your team leader and then set performance goals.

   d. Wait and see what happens.

2. During the past few months, the quality of work done by staff members has been increasing. Recordkeeping is accurate and up-to-date. You have been careful to make sure that all staff members are aware of your performance expectations. What would you do?

   a. Make no changes.

   b. Continue to emphasize the importance of completing tasks and meeting deadlines.

   c. Be supportive and provide clear feedback. Continue to make sure that staff members are aware of performance expectations.

   d. Make every effort to let staff members feel important and involved in the decision making process.

3. Performance and interpersonal relations among your staff have been good. You have normally left them alone. However, a new situation has developed, and it appears that the staff is unable to solve the problem themselves. What would you do?

   a. Bring the group together and work as a team to solve the problem.

   b. Continue to leave them alone to work it out.

   c. Act quickly and firmly to identify the problem and establish procedures to correct it.

   d. Encourage the staff to work on the problem, letting them know you are available as a resource and for discussion if they need you.

4. You are considering a major change in your prevention approach. Your staff has a fine record of accomplishment and a strong commitment to excellence. They are supportive of the need for change and have been involved in the planning. What would you do?

   a. Continue to involve the staff in the planning, but you direct the change.

   b. Announce the changes and then implement them with close supervision.

   c. Allow the group to be involved in developing the change, but don't pressure them.

   d. Let the staff manage the change process.

5. You are aware that staff performance has been going down during the last several months. They need continual reminding to get tasks done on time and seem unconcerned about meeting objectives. In the past, redefining procedures and role expectations has helped. What would you do?

   a. Allow your staff to set their own direction.

   b. Get suggestions from the staff but see that the objectives are met.

   c. Redefine goals and expectations and supervise carefully.

   d. Allow the staff to be involved in setting the goals, but don't pressure them.

6. You have just taken over as the director of an alternatives program that had been running smoothly under the previous director. He had the reputation for running a tight ship. You want to maintain the quality of the program, but you would like to begin humanizing the environment. What would you do?

   a. Do nothing at the present time.

   b. Continue with the administrative pattern set by the previous director, monitoring the staff and emphasizing the importance of task accomplishment.

   c. Get the staff involved in decision-making and planning, but continue to see that objectives are met and quality is maintained.

   d. Reach out to staff members to let them feel important and involved.

7. You are considering expanding your school-based program to incorporate a new community-based program. Your staff members have made suggestions about the proposed change and are enthusiastic. They operate effectively on a day-to-day basis and have shown themselves willing to assume responsibility. What would you do?

a. Outline the changes and monitor carefully.

b. Reach consensus with the staff on the proposed changes and allow the staff members to organize the implementation.

c. Solicit input from the staff on proposed changes, but maintain control of the implementation.

d. Let the staff handle it.

8. Staff have been working well. Interpersonal relations and morale are good. The quality of service delivery is excellent. You are somewhat unsure of your apparent lack of direction of the group. What would you do?

   a. Be careful not to hurt your relationship with the staff by becoming too directive.

   b. Take steps to assure that staff members are working in a well defined manner.

   c. Leave the staff alone to work as they have been.

   d. Discuss the situation with the staff and then initiate the necessary changes.

9. The Director of the Single State Agency has appointed you to replace the chairman of a task force that is long overdue in making requested recommendations for state prevention grant priority. The group is not clear on its goals. Attendance at meetings has been poor. Frequently, the meetings are more social than task-oriented. Potentially, they have the knowledge and experience to complete the task. What would you do?

   a. Let the group members work out their problems.

   b. Solicit recommendations from the group, but see that the objectives are met.

   c. Redefine and clarify the goals, tasks, and expectations, and carefully supervise progress toward task completion.

   d. Allow group involvement in setting goals, but don't push.

10. Your team leaders are usually able to take responsibility. However, they are not responding well to your recent redefinition of performance standards. What would you do?

   a. Supervise carefully to assure that standards are met.

   b. Solicit input from the staff on performance standards. Incorporate their suggestions and monitor their progress toward meeting the standards.

   c. Allow staff involvement in the redefinition of performance standards, but don't push.

   d. Avoid confrontation. Apply no pressure and see what happens.

11. You have been made supervisor of a staff of eight group facilitators. The previous supervisor appeared to be uninvolved in the affairs of the staff. They have adequately handled their tasks and responsibilities. Their morale is high. What would you do?

    a. Become active in directing the staff toward working in a clearly defined manner.

    b. Involve your staff in decision-making and consistently reinforce good contributions.

    c. Discuss past performance with your staff and then examine the need for new procedure.

    d. Continue to leave the staff alone.

12. You have recently become aware of some internal difficulties in your staff. They had been working well together for the past year. The staff has an excellent record of accomplishment. Staff members have consistently met their performance goals. All are well qualified for their roles in the program.
    What would you do?

    a. Allow your staff to deal with the new problem themselves.

    b. Tell the staff how you propose to deal with the situation and discuss the necessity for these procedures.

    c. Make yourself available for discussion but don't jeopardize your relationship with the staff by forcing the issue.

    d. Act quickly and firmly to nip the problem in the bud.

MODULE V

MODULE V: MANAGEMENT TOOLS

TIME: 4 HOURS

GOALS

- To familiarize participants with the concepts of needs assessment, planning, and evaluation to prepare them to work cooperatively with prevention evaluators.

OBJECTIVES

At the end of this Module, participants will be able to:

- Identify the three basic phases of a needs assessment process
- Write clear, specific, and measurable program objectives
- Enable participants to list the five components of a logical program development process
- Acquaint participants with the three types of evaluation described in NIDA's Prevention Evaluation Research Model
- Enable participants to list 1-, 3-, and 5-year goals for their programs.

MATERIALS

- Pencils
- Newsprint
- Magic Markers
- Participant Manual
- Worksheets
- Figures
- Reference Sheets
- Selected Readings

MODULE V OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. INTRODUCTION	5 MINUTES	LARGE-GROUP
2. THE REAL/IDEAL	30 MINUTES	INDIVIDUAL EXERCISE
3. NEEDS ASSESSMENT	10 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
4. GATHERING NEEDS ASSESSMENT DATA	20 MINUTES	INDIVIDUAL/SMALL-GROUP EXERCISE
5. PLANNING	20 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
6. WRITING SPECIFIC PROGRAM OBJECTIVES	30 MINUTES	INDIVIDUAL EXERCISE
7. FUTURE PLANNING	30 MINUTES	INDIVIDUAL/TRIAD EXERCISE
8. EVALUATION	30 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
9. EVALUATION RESOURCES	25 MINUTES	LARGE-GROUP EXERCISE/DISCUSSION
10. POLITICS AND EVALUATION	20 MINUTES	LARGE-GROUP DISCUSSION
11. WRAP-UP	5 MINUTES	LARGE-GROUP LECTURE

MODULE V: MANAGEMENT TOOLS

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
5 MINUTES	1. INTRODUCTION • Review the context of change and the necessity for planning the change.
30 MINUTES The Real/Ideal Worksheet	2. EXERCISE: THE REAL/IDEAL • Introduce Worksheet V-1 on page 85 of the Participant Manual, asking participants to complete it for their own programs. • Point out that participants will probably take different approaches to completing the Worksheet. Some may begin with the "ideal" and work their way back to the "real." Others will begin with the "real" and use that as a springboard for sketching out the "ideal." There is no "right way" to fill out the worksheet. NOTE: Rely on participants to provide information on their own needs assessment activities (i.e., what's working, what is not, and why) in the discussion that follows.
10 MINUTES	3. LECTURE/DISCUSSION: NEEDS ASSESSMENT • Explain that needs assessment is what you do to get from where you are to where you want to go and that two levels of needs assessment will be examined--program and community needs assessment. Script: The following points should be considered when doing needs assessment: - Identify changes in program and community needs by performing needs assessment. - Consider doing needs assessment when modifying current programs and when adding new services. - It is advantageous to do needs assessment when defining goals, developing/refining program plans, selecting appropriate program strategies, and evaluating activities.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

- Types of needs assessment data needed are data on problems and on programs and services.

- Needs assessment and cross-cultural considerations:

  It is impossible to develop a generalized "multicultural" program; since each culture or special population has unique characteristics to be considered in program design and development.

  Program planning for a specific target group is best accomplished by an individual(s) who can closely identify with the group in question. Such an individual has the advantage of being aware of subtleties in cultural values, attitudes, norms, and behaviors. However, simply because someone is a member of a particular population group does not mean he/she automatically understands the groups needs and problems. For example, a Puerto Rican from a middle-class background who has never lived in or known people from the barrio may not be able to understand the problems of people living there.

- In conducting needs assessments for special populations look at these issues:

  1. Is the identified problem an actual problem for the target population?

  2. What is the target group's perception of its needs and of the problem?

  3. Can underlying causes of the problem be identified?

  4. What resources are there within the target population community that can be mobilized to help address the problem?

  5. Is another agency providing needed services, or could another agency provide services to the target group?

  6. Is the population in question using available services? If not, explore reasons, that may be culturally-specific, for non-use or under-use of services.

MODULE V: MANAGEMENT TOOLS

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

7. In conducting a community needs assessment survey of a special population group, enlist the support of persons who are like the target population in language, socio-economic class, culture, etc., to assist in and facilitate data gathering.

- The components of a comprehensive needs assessment process are:

1. Identifying purpose
2. Idenfitying existing data
3. Establishing information requirements and selection criteria
4. Selecting and implementing needs assessment techniques
    - a. Key informant
    - b. Community survey
    - c. Demographic analysis
    - d. Inferential indicators
    - e. Program data
5. Converting/analysing data
6. Translating results for planning. Refer to Figures V-1 and V-2 on pages 95 and 96 of the Participant Manual.

NOTE: Refer participants to Selected Readings V-1 and V-2 on pages 99 and 143 of the Participant Manual for additional reading.

"Needs Assessment Process" and

"Functional Analysis of the Prevention Planning Process" Figures

"Conducting a Community Assessment" and "NPERN Guidelines"

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20 MINUTES

Newsprint
Magic Markers

4. EXERCISE: GATHERING NEEDS ASSESSMENT DATA

Script:

Needs assessment provides data with which we begin to plan programs. Then, we must determine how to plan them.

- Ask participants to list the steps which they now employ in a planning program. Steps listed should reflect the realities of their existing planning/decision-making process.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

- Divide participants into groups of four, and record their similarities and differences.
- Process common assumptions about planning.

NOTE: Again, trainees must attend to differences which may reflect differing values or norms of various cultures represented within the training population; similarly, urban/rural distinctions need to be acknowledged and built upon rather than discounted.

- Identify any parts of the planning process which individual participants find difficult. Discuss ways to minimize those difficulties.

20 MINUTES

"Functional Analysis of Prevention Planning Process" Figure

5. LECTURE/DISCUSSION: PLANNING

- Planning: If you don't know where you're going, you ain't gonna get there.
- Introduce the importance of an overview of planning to program development, using the eight steps of the prevention planning process that are described in the Prevention Needs Assessment Workbook (see Figure V-2 on page 96 of the Participant Manual):

1) Assess needs
2) Generate problem statements
3) Generate goal statements (i.e., the reverse of problem statements)
4) Generate objectives (i.e., milestones leading to the accomplishment of goals)
5) Generate tasks/activities (i.e., specific steps leading to accomplishment of objectives)
6) Analyze resources needed for tasks
7) Identify needs for outside help (i.e., training, technical assistance needs)

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	8) Design evaluation component (i.e., determine measurement strategies and identify help needed to design evaluation). ● List definitions of problem statements, goals, objectives, tasks, as outlined above, on newsprint. ● Emphasize the following: - The importance of clear, measurable objectives - The need for community/client involvement in the planning process - The status of planning as the foundation for accountability and evaluation.
30 MINUTES NDACTRD's "Writing Specific Program Objectives: A Self-Instructional Learning Package"	6. EXERCISE: WRITING SPECIFIC PROGRAM OBJECTIVES ● Explain that participants will now have an opportunity to practice writing objectives, a skill they will apply in developing action plans. Refer participants to the Worksheet V-2 on page 87 of the Participant Manual. ● Ask for questions. ● Process exercise by asking volunteers to supply objectives for their programs to be listed on newsprint. Discuss these objectives in terms of specificity, measurability, and time limitations.
30 MINUTES "Planning Ahead" Worksheet	7. EXERCISE: FUTURE PLANNING ● Introduce Worksheet V-3 on page 94 of the Participant Manual. ● Give participants 10 minutes to individually begin completing worksheets.

- Select a volunteer from training audience to complete the planning worksheet on newsprint. Volunteer may begin with the 1-year, 3-year, or 5-year plan, whichever is most comfortable.
- Ask volunteer to list:

  1. 1-, 3-, and 5-year goals
  2. 1-, 3-, and 5-year objectives
  3. Resources available and needed
  4. Assumptions for forecasting (e.g., funding, changes in the "problem"), staffing, community growth.

- Discuss the hypothetical plan.
- Ask participants to form triads and provide technical assistance to each other in developing short- and long-range program plans.
- Ask the small groups to report out.
- Process exercise, covering the following points:

  - Difficulty of looking far ahead
  - Instability of funding, staffing
  - Differences among 5-year plans
  - Difficulties individuals may experience when trying to determine ways to get from "here" to "there."

- Relate this exercise back to the program lifeline in Module II. Programs have a past, present, and future, which creates the context for planning.

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30 MINUTES

8. LECTURE/DISCUSSION: EVALUATION

NOTE: The trainer should introduce evaluation not as an alien and intimidating process, but as a natural outgrowth of a logical process of program development. Most participants are already doing evaluation and will be able to share with others what has worked for them.

Script:

Evaluation is a means of assessing the success of the different components of your plan. There are three levels of evaluation:

- Process evaluation: Looking at your achievements in terms of tasks and activities
- Outcome evaluation: Looking up at how you did in terms of meeting your objectives and your goals.
- Impact evaluation: Looking at the impact of your program and other community prevention programs on the community as a whole.

The "Ideal Evaluation Plan" Figure

- Discuss Figure V-3 on page 91 of the Participant Manual. Supplement the discussion of types of evaluation with examples of models currently in use.
- Discuss potential indicators of effectiveness for the three types of evaluation--process, outcome, and impact.
- Discuss potential barriers/obstacles to evaluation.
- Distinguish between evaluation and research:
  - The focus of evaluation is on measuring program effectiveness (i.e., does it do what it was designed to do?)
  - The focus of research is on testing a hypothesis (e.g., improved self-esteem reduces drug abuse).

MODULE V: MANAGEMENT TOOLS

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
25 MINUTES Newsprint Magic Markers	9. EXERCISE: EVALUATION RESOURCES • Elicit information from participants on what they are currently doing in evaluation. List evaluation activities on newsprint under the headings process, outcome, and impact. NOTE: The purpose of this piece is to familiarize participants with available evaluation resources, not to try to explain "everything you ever wanted to know about evaluation." Stress that the resource materials -- e.g., the appendix of evaluation instructions, the NPERN guidelines, the technical assistance resources available through NPERN and PYRAMID -- are all available to help them meet the specific needs of their programs. Where possible, use the State Prevention Coordinator as a resource to give participants additional assistance for understanding the evaluation needs, criteria, and research priorities that are outlined in their State plans.
"Where Politics and Evaluation Meet"	10. DISCUSSION: POLITICS AND EVALUATION • Lead a participant discussion of the concepts presented in Carol Weiss' article, Selected Reading V-3 on page 161 of the Participant Manual. Ask for questions, comments, other perspectives. NOTE: There are three main concepts to be familiar with in leading the discussion: 1. Prevention programs are "creatures of political decisions" and immersed in the "politics of organizational survival." This poses a number of problems for the evaluator: - Program goals are often inflated, unrealistic promises which have evolved through the political processes of persuasion and negotiation

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

- Program goals are often "diffuse and sometimes inherently incompatible," because they were devised to win over "diverse values and different interests"

- With such ambiguity in goals, program people proceed to interpret and act on the same goal in many different ways

- Even while the evaluation study is in progress, the program can veer off on another course under political pressure.

2) Evaluation reports feed into the political arena, where "evaluative evidence of program outcomes has to compete for attention with other factors that carry weight in the political process." The evaluator must be aware of the following:

  - A program, shown to be ineffective by evaluation results, may be, nevertheless, perpetuated to satisfy voters, pay off political debts, etc.

  - Positive evidence of program effectiveness may not "shield a program from dissolution"

  - "Maximizing program effectiveness is only one of many values that enter decisions"

  - When decisions on funding have to be made within 12 months, there is little time to gather or consider evidence on program outcomes.

3) Evaluation, itself, has a political stance:

  - Evaluation incorporates a series of assumptions. Some of these are:

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
	a) That the program goals are "right" b) That given program strategies are the most reasonable way of approaching the problem c) That the "social diagnosis and prescription" that the program represents is valid d) That the program has a realistic chance of reaching its goals. - Evaluation studies generally focus on program variables to the exclusion of other social and institutional structures that affect the lives of groups receiving services - Criteria for selecting programs to evaluate are political - Evaluator may have the tendency to interpret his/her data in light of the expectations or stance of the agency commissioning the evaluation, which is almost never the program itself.
5 MINUTES	11. WRAP-UP ● Review and preview: As Lily Tomlin said, "We're all in this alone together." Our next modules concern ways to get help in making your plans into real programs.
	END OF MODULE V

MODULE V: MANAGEMENT TOOLS-1

WORKSHEET

SITUATION/PROGRAMMATIC or COMMUNITY	"THE REAL" WHAT EXISTS NOW	"THE IDEAL" WHAT YOU'D LIKE TO SEE
1.		
2.		
3.		

NATIONAL DRUG ABUSE CENTER

WRITING SPECIFIC PROGRAM OBJECTIVES*

A Self-Instructional Learning Package

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*Adapted from Basic Management Skills: Resource Manual, pp. 217-249, National Drug Abuse Center for Training and Resource Development, Rosslyn, Va., 1977.

INTRODUCTION

This self-instructional module is designed to help you learn how to write objectives that are clear and specific.

When you have completed this learning package, you will be able to do the following:

1. Distinguish a goal from an objective;
2. Identify program objectives that are specific, measurable, and time-phased; and
3. Write program objectives that are specific, measurable, and time-phased.

If you are confident that you already know how to write specific program objectives, please take the pretest. When you have finished, check your results with the trainer. If both your objectives are approved by the trainer, you will have met the objectives of the learning package.

Or, if you prefer, skip the pretest and turn immediately to the instructions.

* * * * * *

INSTRUCTIONS

Complete each part before turning to the next part. Read the material and answer the question in each part; then check your answer.

Now begin.

* * * * * *

What is the difference between goals and objectives?

A goal is a general statement of what we intend to do. Because goals are stated in general terms, they can be interpreted in many different ways.

An objective is much more specific than a goal. A well-stated objective leaves little doubt about exactly what will be done, how this will be measured, and when it will be accomplished.

Is the following statement a goal or an objective? "Drug abuse will be reduced."

Answer: ______________________________

If you said goal, you were right. The statement is too general to be a good objective.

If you said objective, take another look at the statement. Does it tell you how drug abuse will be measured, or how much it will be reduced, or by what date?

Is the following statement a goal or an objective?

"The incidence of arrests for drug abuse in Center City will be reduced by 10 percent within one year."

Answer: ______________________________

* * * * * *

If you said objective, you were right. The statement clearly specified what the result would be (incidence of arrests for drug abuse in Center City will be reduced), how this will be measured (reduced by 10 percent), and when (within one year).

In the space below, write the difference between a goal and an objective.

* * * * * *

List below the three essential characteristics of a useful objective.

1.

2.

3.

Now go to the next page.

* * * * * *

Worksheet V-2 Continued

The three essential characteristics of a useful objective are the following:

1. It states specifically the result to be accomplished.
2. It is expressed in measurable terms.
3. It identifies when the result will happen.

Let's concentrate on the first two characteristics of a good objective:

1. It states specifically the result to be accomplished.
2. It is expressed in measurable terms.

Put an X in the box beside each of those statements below that:

- Specifically state a result; and
- Are expressed in measurable terms.

1. ( ) Establish drug abuse referral systems in the five largest police departments in this State.
2. ( ) Provide drug abuse prevention training to school teachers.
3. ( ) Design four weekend recreation activities to involve 25 inner city youth.
4. ( ) Reduce drug abuse to a level acceptable to the public.
5. ( ) Conduct a campaign to increase public awareness of substance abuse-related problems.
6. ( ) Increase by two the number of community groups voluntarily contributing goods or services to the drug abuse prevention program on a regular basis.
7. ( ) Reduce by 20 percent the number of drug emergencies at the hospital through drug education in area schools.
8. ( ) Explore formation of a State drug abuse prevention program association.
9. ( ) Initiate an assessment of substance abuse prevention problems in the community.
10. ( ) Establish a peer group rap meeting for junior high students that is acceptable to the students.

Worksheet V-2 Continued

You should have placed an X before statements 1, 3, 6, 7, 10.

Take another look at any you missed. Do those statements tell you specifically what the expected result is and how it is to be measured?

* * * * * *

The third characteristic of a useful objective is the time frame, which states exactly when the result will happen, or by what date it will be completely accomplished.

Which of the following statements specify a clear time frame?

1. As soon as possible
2. By the last day of each month
3. Immediately
4. When feasible
5. By July 1, 1977

Answer: ______________________________

* * * * * *

Numbers 2 and 5 specifically state by what time or date we could expect a result to happen. The other statements don't tell us how soon is "possible," when is "immediately" (today? this week?), or how soon "feasible" is.

Useful objectives must specify when a result will happen by stating a date or giving the number of days, months, or years.

List again the three characteristics of a useful objective.

1.

2.

3.

If you are not sure, check your answers.

Worksheet V-2 Continued

Now try to find each of the three characteristics in the objective below.

Objective:

Provide 40 hours of in-service training annually to all elementary school teachers within five years.

1. Underline the parts of this objective that state the intended result.
2. Place a square around the parts that are measurable.
3. Circle the time frame.

* * * * * *

Your answer should look like this.

Provide 40 hours of in-service training annually to all elementary school teachers within five years.

Now do the same with the following objectives.

1. Underline the specific result intended.
2. Put a square around the measurable parts.
3. Circle the time frame.

1. Develop prevention program objectives that are consistent with the goals of the program within one year.
2. Establish a recordkeeping system for prevention activities acceptable to NIDA by the beginning of the next budget year.
3. Provide 30 hours of training to 350 shop foremen in identifying and counseling potential and actual drug abusers by September 30, 1979.

* * * * * *

The answers are:

1. Develop prevention program objectives that are consistent with the goals of the program within one year.
2. Establish a recordkeeping system for prevention activities that is acceptable to NIDA by the beginning of the next budget year.
3. Provide 30 hours of training each to 350 shop foremen in identifying and counseling potential and actual drug abusers by September 30, 1979.

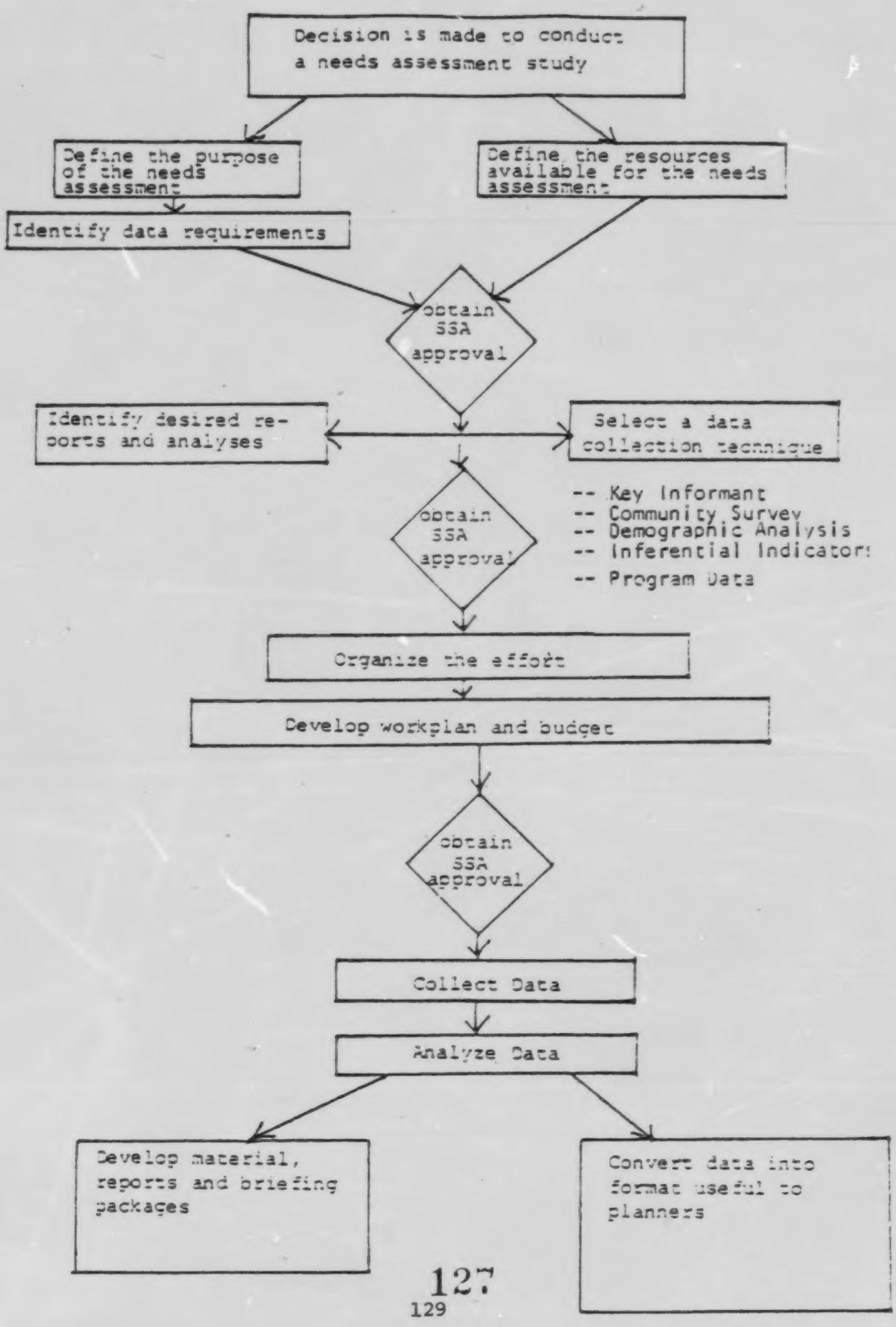
Write two specific program objectives for your prevention program that you consider important.

Your trainer will give you instructions for checking the specificity and usefulness of your objectives.

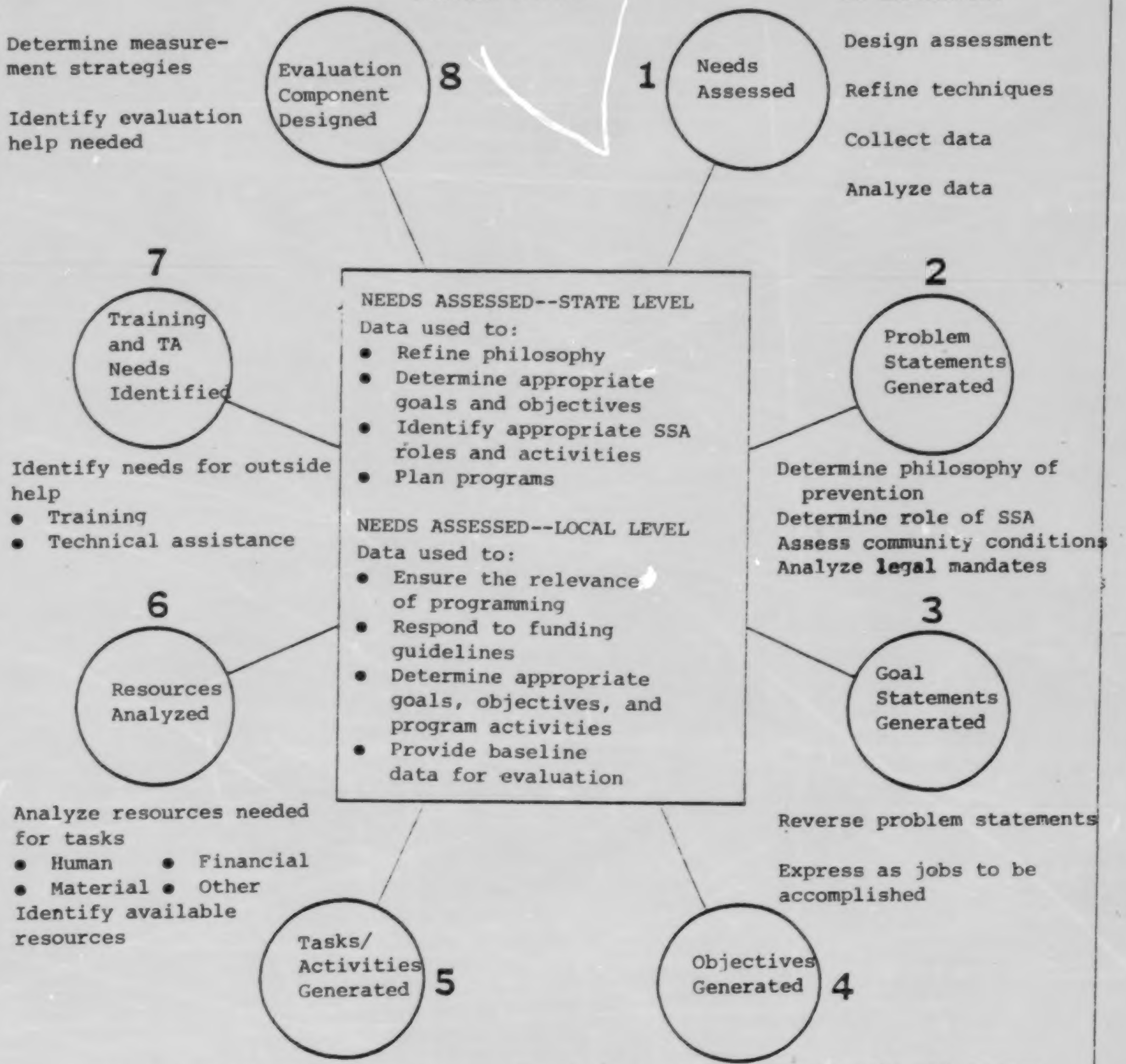
"PLANNING AHEAD"

	GOALS	OBJECTIVES	RESOURCES AVAILABLE	RESOURCES NEEDED	ASSUMPTIONS
1-year	1.				
	2.				
	3.				
3-years	1.				
	2.				
	3.				
5-years	1.				
	2.				
	3.				

NEEDS ASSESMENT PROCESS


Decision is made to conduct a needs assessment study
Define the purpose of the needs assessment
Define the resources available for the needs assessment
Identify data requirements
obtain SSA approval
Identify desired reports and analyses
Select a data collection technique
-- Key Informant
-- Community Survey
-- Demographic Analysis
-- Inferential Indicators
-- Program Data
obtain SSA approval
Organize the effort
Develop workplan and budget
obtain SSA approval
Collect Data
Analyze Data
Develop material, reports and briefing packages
Convert data into format useful to planners

FUNCTIONAL ANALYSIS OF THE PREVENTION PROGRAM PROCESS


1
Needs Assessed
2
Problem Statements Generated
3
Goal Statements Generated
4
Objectives Generated
5
Tasks/ Activities Generated
6
Resources Analyzed
7
Training and TA Needs Identified
8
Evaluation Component Designed

NEEDS ASSESSED--STATE LEVEL

Data used to:

- Refine philosophy
- Determine appropriate goals and objectives
- Identify appropriate SSA roles and activities
- Plan programs

NEEDS ASSESSED--LOCAL LEVEL

Data used to:

- Ensure the relevance of programming
- Respond to funding guidelines
- Determine appropriate goals, objectives, and program activities
- Provide baseline data for evaluation

Determine purposes of assessment

Design assessment

Refine techniques

Collect data

Analyze data

Determine philosophy of prevention
Determine role of SSA
Assess community conditions
Analyze legal mandates

Reverse problem statements

Express as jobs to be accomplished

Break down goal statements into milestones

Express milestones in measurable terms

Milestones express observable conditions which lead to accomplishment of goal

Break down objectives into specific steps to be undertaken

Analyze resources needed for tasks

- Human
- Financial
- Material
- Other

Identify available resources

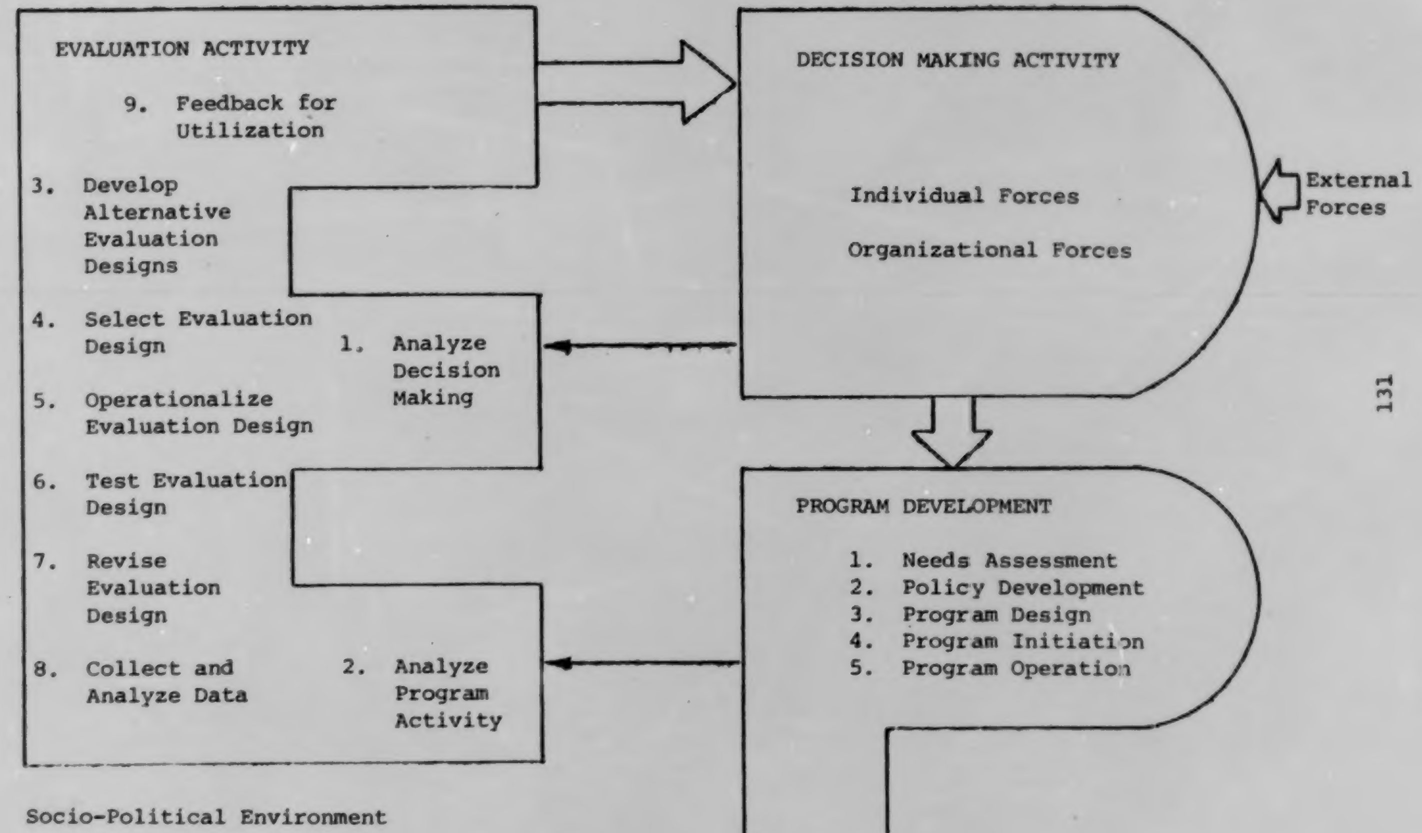
Identify needs for outside help

- Training
- Technical assistance

Determine measurement strategies

Identify evaluation help needed

THE IDEAL EVALUATION PLAN


EVALUATION ACTIVITY
9. Feedback for Utilization
3. Develop Alternative Evaluation Designs
4. Select Evaluation Design
5. Operationalize Evaluation Design
6. Test Evaluation Design
7. Revise Evaluation Design
8. Collect and Analyze Data
1. Analyze Decision Making
2. Analyze Program Activity
DECISION MAKING ACTIVITY
Individual Forces
Organizational Forces
External Forces
PROGRAM DEVELOPMENT
1. Needs Assessment
2. Policy Development
3. Program Design
4. Program Initiation
5. Program Operation
Socio-Political Environment

Reprinted from the National Prevention Evaluation Guidelines, National Institute on Drug Abuse, August 1979.

MODULE VI

MODULE VI: NETWORKING AND INTERAGENCY COLLABORATION

TIME: 4 HOURS

GOALS

- To explore options for program growth through networking and interagency collaboration
- To apply these concepts to participants' programs and communities.

OBJECTIVES

At the end of this Module, participants will be able to:

- List at least five other local organizations and agencies in their community with whom the potential for collaboration exists
- Describe the basic assumptions behind networking
- Develop a plan for a prevention support network within their own community
- Identify at least one program objective which might be achieved through networking or interagency collaboration.

MATERIALS

- Paper
- Pencils
- Newsprint
- Magic Markers
- Tape
- Participant Manual
- Supplementary Material
- Selected Readings

MODULE VI OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. OBSTACLES AND CONSTRAINTS TO INTERAGENCY COLLABORATION	1 HOUR	LARGE-GROUP LECTURE AND SMALL-GROUP EXERCISE
2. INTERAGENCY COLLABORATION	1 HOUR 10 MINUTES	LARGE-GROUP LECTURE/DISCUSSION/ DEMONSTRATION
3. NETWORKING AND COLLABORATING	1 HOUR	LARGE-GROUP LECTURE/DISCUSSION
4. APPLYING IT TO YOUR OWN PROGRAM	30 MINUTES	SMALL-GROUP DISCUSSION
5. CAVEATS OF NETWORKING/ INTERAGENCY COLLABORATION	10 MINUTES	LARGE-GROUP DISCUSSION
6. WRAP-UP/SUMMARY	5 MINUTES	LARGE-GROUP LECTURE

I HOUR

Paper
Pencils
Newsprint
Magic Markers
Tape

1. EXERCISE: OBSTACLES AND CONSTRAINTS TO INTERAGENCY COLLABORATION

- Introduce the exercise.

Script:

For most prevention programs, interagency communication and collaboration are necessary. Without the continuing support and assistance of the community and local public and private agencies, the prevention program will have difficulty accomplishing its objectives. Module II discussed some of the problems faced by prevention programs in the turbulent field. Ways in which the techniques of networking and interagency collaboration can aid in overcoming some of these problems will be examined in this module.

Balancing Head and Heart (1975) points out:

> "The program operator will make a careful assessment of the political and social dynamics of the environment he wants to change. Who are the key decision makers? And what are their views about drug abuse prevention and education? Who, within the school and the community, are the behind-the-scenes power people? Has anything like this ever been tried in the school or community before? If so, what were the results? How active are the parents in the school or community? If they are influential, are they likely to support the new strategy? The program operator cannot be too well informed about these factors, for all of them will affect his success."

For the purposes of this training, barriers to collaboration can be viewed as either obstacles or constraints. Obstacles to collaboration are individuals or situations that seem to block collaboration, but that can be removed, avoided, or negated. Constraints, on the other hand, are preestablished conditions that impair collaboration and that are difficult to change at a particular point in time.

Identification and classification of barriers as obstacles or constraints can help when analyzing one agency's relationship with another agency, and when trying to enhance collaboration with that agency. Obstacles and constraints are not fixed. In fact, what is an obstacle for one person may be perceived as a constraint by someone else. Attempts to change some constraints into obstacles or to ameliorate the effects of some obstacles are often beneficial.

The purposes of this exercise are:

1. To help you to identify and place in priority possible barriers to collaboration, and

2. To help you to understand the differences between obstacles and constraints to collaboration and the implications of this distinction.

- Ask each participant to list on a sheet of paper five problems or barriers that he or she has encountered when trying to collaborate with other agencies. Ask each person to identify these barriers as obstacles or constraints.

- After the participants have written their lists (about 10 minutes), divide them into small groups of six persons, and give them newsprint, tape, and markers.

- Explain that each group will have 20 minutes to develop a list of what they consider to be the top five barriers to collaboration and to order these barriers by their priority. All group members should agree on these barriers. The process for obtaining this consensus is left to the discretion of the group. The final list should be generated from the individual lists and, if possible, should include problems that are familiar to all members of the group. Groups should choose a reporter to present the list and to describe briefly the process that occurred as decisions were made.

- Begin the exercise. Observe member and group behavior. After 20 minutes have elapsed, call time.

- Ask each small group to report. Ask the following questions if the reports do not contain these points:

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

- Are the top five problems generally obstacles or constraints? Can the fact that members of an agency disagree about the status of a situation--whether it is an obstacle or a constraint--impede collaboration?
- How difficult is it to be faced with someone else's problem of collaboration? What are some personal experiences illustrating these top five barriers?
- How does the act of differentiating between obstacles and constraints pave the way for developing strategies that deal effectively with barriers to collaboration?
- What was the process by which the top five barriers were identified? Do most groups attempt to solve their problems in this manner?

- If the members of each group generally agree on the top five obstacles and constraints, stress the importance of achieving a common perspective as a basis for future work. If there are considerable differences of opinion within the group, point out the difficulties and the benefits of trying to establish a common ground for enhancing collaboration between one's own agency and outside agencies. You may wish to summarize in this way.

Script:

Five major areas in which obstacles and constraints often develop include:

1. Intraorganizational arrangements
2. Program goals or philosophies
3. Characteristics of other organizations (agency size, policies, eligibility criteria, etc.)
4. Environmental factors

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
	5. Program image (in terms of program success, staff professionalism, client coping as a result of the program, etc.)
1 HOUR, 10 MINUTES "Interagency Collaboration"	2. LECTURE/DISCUSSION/DEMONSTRATION: INTERAGENCY COLLABORATION

NOTE: Tell participants that this material is adapted from Interagency Collaboration Project (1976). See Selected Reading VI-1, page 181 of the Participant Manual.

- Introduce the lecture/discussion.

Script:

The need for better interagency collaboration and communication is becoming an increasingly familiar topic among the personnel of various community service agencies. Although almost everyone agrees with the concept of collaboration, few agree on its methods. (To date, the one systematic study on the topic is the Interagency Collaboration Project, Bureau of Drug Rehabilitation, sponsored by the State of Virginia.) People frequently cite the need for interagency collaboration, but they engage in it too infrequently.

The purpose of this lecture/discussion is to describe some concepts and techniques that might be used in your program to improve interagency collaboration. These techniques are helpful to prevention program managers who are concerned with the following issues:

- How can we work with the school board, city (or county) council, the administration, etc., so that they understand the value of our program?
- How can we improve our chances to increase our staff, budget, and/or facilities?

- How can we be proactive, rather than reactive? How can we combat apathy? How can we improve our credibility?

- Discuss the concept of collaboration.

Script:

Although it includes elements of both coordination and cooperation, collaboration requires greater interaction and equality between partners in a particular undertaking. For example, collaboration would require that various individuals work together to deal with a person's drug-related problems. To collaborate, individuals in different agencies must establish a reciprocal relationship and give mutual aid.

Obstacles to collaboration are many and varied.they can range from the unavailability of key prevention staff to a negative telephone contact with a center's receptionist.

The Collaboration Model itself is based on three major concepts: reciprocity, roles, and systems. These ideas and techniques are not new. You probably are aware of and practice many of them every day on the job. By using the Model, we can increase our awareness of interagency relationships and improve our ability to institute, maintain, or change an agency's level or pattern of collaborative activities.

- Discuss reciprocity.

Script:

Reciprocity is such a well-known social phenomenon that some sociologists consider it a phenomenon common to all cultures. Reciprocity consists of a mutually satisfying exchange between two individuals wherein the needs of both parties are met. Giving gifts and doing favors are common examples of reciprocity.

Effective interagency collaboration is based on the establishment of mutually satisfying, reciprocal relationships among individuals in different agencies. There can be many different mediums through which to exchange (e.g., information, compliments, presents, equipment, funds, etc.), and two individuals may use different mediums of exchange with each other (e.g., if you help the staff member of another agency with a client problem, that person might share information with you about potential sources of funding). However, each interaction does not result necessarily in a mutual exchange, satisfying or otherwise. There may be a series of unilaterial exchanges that only eventually balance out (i.e., one may have to give a good deal before getting anything).

- Ask participants to give some examples of reciprocity.
- Discuss roles.

Script:

The concept that individuals occupy certain roles within the context of their jobs represents the second major aspect of the Collaboration Model. We are all quite familiar with the more common family roles of wife, father, son, daughter, etc., and many occupational roles, such as those of the policeman, teacher, and secretary. Each person who occupies a certain position within an organization forms a perception of what his or her role is or is not. This role has been defined by his or her own perceptions and by those of superiors, co-workers, and subordinates.

To carry out a role as it has been defined, the individual must obtain certain things and develop or elicit certain behaviors from others in his or her environment. Thus, the individual has certain needs that must be met if he or she is to engage in the behavior that is considered appropriate for his or her occupational role. In the Collaboration Model, these needs are called Role Behavior Needs or RBNs. The important point is that individuals who occupy a position within an agency are playing or fulfilling a role that depends on actions and input from others.

"Role Behavior Needs"

- Ask participants to turn to Selected Reading VI-3 on page 209 of the Participant Manual.

MODULE VI: NETWORKING AND INTERAGENCY COLLABORATION

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
	• Discuss the paper. Note that this list of eight RBNs is not exhaustive and that some overlap arises among the categories.
	Script:
	An understanding of RBNs helps us to conceptualize and formalize an approach for assessing other individual(s) in an interagency contact. We would like you to try to apply this RBN analysis to the profiles of two individuals.
"Profile of a Nurse"	• Ask participants to turn to Supplementary Material VI-1 on page 179 of the Participant Manual. Allow participants time to read the profile and to identify the RBNs.
	• Ask for volunteers to identify various RBNs and to indicate which phrase or statement in the profile suggested that RBN.
"Profile of a Sheriff"	• Repeat the same procedure for Supplementary Material VI-2 on page 180 of the Participant Manual. Individuals may identify more than four RBNs; encourage discussion.
	NOTE: Examples of RBNs: Nurse--Professional Competence, Status, and Support; Sheriff--Control of Information, Status, Task Attainment.
	• Summarize this section.
	Script:
	For the purposes of this training session, the process of determining where others are "coming from" (that is, of identifying their particular RBNs in a given situation), is referred to as "individualizing." Although all individuals who occupy a similar position within an agency may share some RBNs, some of their RBNs differ. Successful application of RBN analysis depends on treating each individual and his or her role in the agency as a unique case.
	• Discuss systems.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

Script:

Systems--the third and final part of the Collaboration Model, consists of applying systems concepts to your own agency and the other human service agencies within the community. More specifically, it consists of thinking about your own agency in terms of inputs into the agency (e.g., funds, clients, information, personnel, etc.) and outputs (e.g., information, better client-coping skills, referrals, provision of services, etc.).

The entire collection of human service agencies within a community can be viewed as a social systems network wherein changes in input or output in one agency in the system effect changes in other parts of the system that may or may not be directly related to it. This effect is similar to the way a hanging mobile behaves. If one of the suspended objects (an agency) is pushed or pulled, it will cause movement (changes) in all the other objects (agencies). Change will be greatest in those objects that are linked directly to the object that is moved, but those objects further away also will be affected. For example, changes in Federal funding policies toward the local school system may affect client referrals to a drug program that deals with adolescents.

Using the "systems view" of human service agencies, the Collaboration Project developed the idea of Social Systems Relatedness (SSR), which can be defined as the degree to which an individual, working within an agency, perceives him or her self and his or her agency to be working within, and affecting, the human service delivery system. This includes the individual's awareness that many of his clients are involved with other parts of the human service delivery system. With the SSR approach, interagency contact becomes a joint effort among agencies to provide better or more efficient services to a particular client or to the community at large. When conceptualizing interagency contact in terms of SSR, understand that the staff of other agencies may have a different and perhaps narrower view of their own roles in the service delivery system.

- Discuss Social Systems Relatedness Techniques.

Script:

To engage in interagency contacts that lead to identifying and meeting the role behavior needs of an individual from another agency, the person who wishes to collaborate can use social system relatedness techniques or SSR.

"Social Systems Relatedness Techniques"

- Refer participants to Selected Reading VI-2 on page 205 of the Participant Manual. Give them time to read this paper; then discuss it.

Script:

These techniques, which most people use every day in a haphazard fashion, are the methods through which an individual who wishes to collaborate can develop opportunities to identify and meet the RBNs of staff from other agencies. In terms of your use of the SSR techniques, you might ask yourself:

1. Do you wait for others to come to you?
2. Do you go out and sell the program?
3. Do you vary your contact with community agency people from formal to informal? Do you take others to lunch, do you talk to them on the phone, do you have meetings?
4. Are you available for other agency personnel? Can they get in touch with you or your agency?

Like RBNs, the value of the SSR techniques lies in formalizing and systemizing methods through which a collaborative relationship can be established. Apply these techniques in a conscious and planned manner to promote closer interagency relationships.

---

1 HOUR

"Networks: Key to Person-Community"

3. LECTURE/DISCUSSION: NETWORKING AND COLLABORATING

NOTE: This lecture will lay out the theoretical concepts of networking/collaborating with groups and agencies. A variety of different works provide a wealth of resources in this area. Anne Dosher's work, Selected

Reading VI-4 on page 213 of the Participant Manual, will be highlighted. Some audiences may have difficulty with the terminology used in networking theory. You may need to translate some of Dr. Dosher's terms by using examples or encouraging participants to come up with their own examples.

Script:

The idea of "network" and "networking" is basic to those of us who have been working in communities and movements over the decades. Organizing is the process of bringing together various elements in order to develop a whole, a combination of nodes (people, groups, organizations, systems) for a common purpose. We develop networks as ongoing organizations and carefully attend to these three variables:

- Nodes of the network (people, organizations, systems)
- Information flow (feelings, facts, data)
- Linkages (pathways for information).

Types of Networks:

- Person-Family Network
- Organizational Network
- Interorganizational Network
- Human Service Networks.

Networks are intended to be "process-oriented, member-supportive, decentralized learning systems."

It is important to make a distinction between networking and collaboration. Networking, as stated above, is process-oriented, whereas collaboration is task-oriented.

A collaborative effort is an effort organized to work toward a specific goal. Collaboration, then, is time-limited, in that once the goal has been met the collaboration ends.

A network, on the other hand, is an ongoing support system, not directed at achieving one specific goal, but at the continuous flow of information and resources among members of the network.

Functions of the network:

- To provide communication linkages and information channels
- To provide participants with support systems and means for resource sharing
- To provide participants with means for coordination, collaboration, person/program actualization, training, and capacity-building
- To provide participants with means for collective action.

Roles essential to the design, creation, negotiation, and management of networks include:

- Systems negotiators
- Underground managers
- Maneuverers
- Brokers
- Managers
- Facilitators.

Skills include:

- Interpersonal cummunications
- Group process
- Organizational development and management
- Negotiation
- Mobilization
- Planning
- Change process conceptualization.

Models for networking:

- Anne Dosher's diagram
- The Minnesota Prevention Support System
- The Missouri Prevention Network.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	• Lead group discussion on networks by: - Describing the networks you are familiar with - Discussing their purposes - Analyzing how these networks have dealt with barriers/constraints that have threatened to interfere with the networking process. NOTE: Be ready to answer participants' questions.
30 MINUTES Newsprint Magic Markers	4. EXERCISE: APPLYING IT TO YOUR OWN PROGRAM • Ask the small groups to discuss personal experiences creating networks or trying to collaborate. Keep discussions within the context of the particular training community. • Instruct participants to brainstorm and try to come up with lists of agencies and organizations with which prevention programs might want to network. • Individuals select a goal from their 1-, 3-, and 5-year plans and develop their own lists of possible network participants around that particular objective.
10 MINUTES	5. DISCUSSION: CAVEATS OF NETWORKING/INTERAGENCY COLLABORATION • Lead discussion on the caveats of networking/ interagency collaboration: - Know what you want to accomplish - Determine whether the goal is worth the time and energy spent attaining it - Remember control issues - Remember cultural issues

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
	- Keep in mind that networking in terms of your individual programs is a means--not an end - Know the levels of networking: a. Personal b. Peer c. Intra- and interorganizational.
5 MINUTES	6. WRAP-UP/SUMMARY
	END OF MODULE VI

PROFILE OF A NURSE

You are a nurse in the emergency room of the community hospital. Being a nurse has been both a rewarding and frustrating experience for you. Lately, things have not been going well for you.

One of your best friends who is also a nurse was transferred from the emergency room to another floor. You miss his/her company and his/her counsel. Even worse, you know that you are capable of doing a better job. You find that your greatest difficulties are with those who come to the emergency room because of drugs. To help these patients, you feel you need additional knowledge and skill concerning drug abuse, but you are not sure of how to go about getting it.

You are very concerned now because you are being considered for a promotion, and your abilities are being evaluated. This promotion would make you the head of the nursing service in the emergency room. The status that accompanies the new position is something you want very much. You hope that as head nurse you would be able to do more and command more respect.

Adapted, with permission, from Games Agencies Play; Enhancing Interagency Colloraboration in Drug Rehabilitation, pp. 216-17, August, 1976. Interagency Collaboration Project, Bureau of Drug Rehabilitation, Virginia Department of Mental Health and Mental Retardation, Richmond, Va. This project was funded in part by Grant Number 75A3137 from the Virginia Division of Justice and Crime Prevention.

PROFILE OF A SHERIFF

You are a sheriff for the local community. Over the past few months, you have noticed that the number of drug abusers being arrested has been steadily increasing and that community concern with the drug problem is on the rise.

The large number of drug related arrests concerns you because you would like to retain your influence in the community and to be seen as a proponent of drug rehabilitation efforts. Moreover, your credibility and prestige within the community is in the balance since the community feels you are not adequately handling the problem. Because of the growing drug problem, your budget is in question and you are worried about the money to be allocated to the sheriff's office.

Yet, you have had very little contact with the local drug rehabilitation program and have minimal knowledge concerning drug traffic in the local community. If you were able to find out what was going on in the street and in drug rehabilitation efforts in the community, it is possible you would be able to do more.

Adapted, with permission, from Games Agencies Play; Enhancing Interagency Colloraboration in Drug Rehabilitation, pp. 216-17, August, 1976. Interagency Collaboration Project, Bureau of Drug Rehabilitation, Virginia Department of Mental Health and Mental Retardation, Richmond, Va. This project was funded in part by Grant Number 75A3137 from the Virginia Division of Justice and Crime Prevention.

MODULE VII

MODULE VII: TARGETING PROGRAMS FOR SPECIAL POPULATIONS

TIME: 3 HOURS 40 MINUTES

GOALS

- To provide participants with the opportunity to explore program options for target populations that are relevant to their program and/or community needs
- To give special consideration to cross-cultural issues and implications for the prevention of drug abuse.

OBJECTIVES

At the end of this Module, participants will be able to:

- Describe a pilot prevention program for a specific target population of their choice developed by a team effort in which they participated
- Identify at least five cultural issues which need to be considered when developing programs for special populations.

MATERIALS

- Newsprint
- Magic Markers
- Paper and Pencils
- Participant Manual
- Worksheets
- Reference Sheets

MODULE VII OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. INTRODUCTION	5 MINUTES	LARGE-GROUP LECTURE
2. DESIGNING A PILOT PREVENTION PROGRAM	25 MINUTES	SMALL-GROUP EXERCISE
3. STEP ONE: DEVELOPING THE PROBLEM STATEMENT	1 HOUR	INDIVIDUAL AND SMALL-GROUP EXERCISE
4. STEP TWO DEVELOPING PROGRAM GOALS	30 MINUTES	SMALL-GROUP
5. STEP THREE: DEVELOPING PROGRAM OBJECTIVES	30 MINUTES	SMALL-GROUP EXERCISE
6. REPORT OUT	1 HOUR	SMALL-GROUP AND LARGE-GROUP DISCUSSION
7. WRAP-UP	10 MINUTES	LARGE-GROUP LECTURE

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
5 MINUTES	1. INTRODUCTION ● Trainer describes this module as an experiential laboratory in which teams will have the opportunity to design a pilot prevention program for a particular target population. ● The goals of this exercise are to prepare us to use the experiences of the preventors during training and to stimulate their creativity when applying their knowledge to the needs of a particular population. Also, this module will provide participants with a non-threatening environment in which to examine their knowledge, beliefs, and assumptions about the particular community in which they would like to work.
25 MINUTES Newsprint Magic Markers "Special Populations" Reference Sheet	2. EXERCISE: DESIGNING A PILOT PREVENTION PROGRAM ● Ask participants to form small groups of 4-6 people. ● Record on newsprint the following special target populations (refer participants to Reference Sheet VII-1 on page 232 of the Participant Manual): - Asians/Pacific Islanders - Blacks - Chicanos - Gays - Handicapped - Elderly - Industry - Low-Income Groups - Native Americans - Puerto Ricans - Rural Populations - Schools - Women - Youth ● Ask each small group to select (using any method that will achieve consensus) one special population for which they would like to design a pilot prevention program. Each group announces

its choice, which the trainer notes on the newsprint.

- Encourage each group to discuss why choices were made. For example, did the groups choose the most populous special populations, the ones they were most familiar with? Do the same special populations "slip through the cracks" again? If youth and women were chosen, how does that affect other special populations (i.e., special populations in the more traditional sense of the word)?
- Review the eight steps in the process for planning program development that was outlined in Module V. This will provide the framework for the group process during this module.

I HOUR

3. STEP ONE: DEVELOPING THE PROBLEM STATEMENT

Script:

There are three phases in developing a problem statement: (1) community diagnosis; (2) looking at assumptions; and (3) identifying further research needs.

NOTE: Perhaps the most difficult part of this exercise will be overcoming the participants' reluctance to attempt to define the problem. When designing this module, we considered providing participants with "issues of concern" or "model programs" for each target group; the difficulty of identifying such resources, as well as the tendency of training groups to rely on resources as "the answer," changed our direction. The trainer's task is to encourage participants to utilize the process of "needs assessment" and "problem identification" in this part of the exercise. This is an opportunity for participants to reflect on the level of their knowledge about the particular populations with which they are working or would like to work. When using the social compass, stress that identifying the gaps in your knowledge about a community is a critical first-step both for doing effective needs assessment and for developing meaningful programs. Encourage participants to challenge their own (and other group members') assumptions.

"Center for Multicultural Awareness Social Compass Worksheet

- Introduce Worksheet VII-I on page 225 of the Participant Manual as a tool for describing and understanding "communities," however you choose to define that term.

NOTE: All of the categories on the social compass may not be appropriate for each target population. Again, urge participants to complete these worksheets as well as they can at the present time.

Explain that participants must set boundaries for the community that will be the focus of their program development efforts.

- First, individually, and then in the small groups, participants attempt to complete the social compass worksheet for the particular population which they have selected.

Script:

"What Do We Really Know?" Worksheet

Separating "Facts, Opinions, and Assumption"

While completing the social compass worksheet, you will find that a number of statements will surface which engender disagreement or skepticism; also, the statements of different members within each group may be contradictory. Using Worksheet VII-2 on page 226 of the Participant Manual, instruct members of each group to separate the statements which they have written on the social compass worksheet into three categories:

- FACTS: Statements which they can substantiate (i.e., "thirty percent of this particular target group lives in the Adams-Morgan areas of Washington, D.C.").
- OPINIONS: Statements which participants believe could be substantiated, but which are

based primarily on conjecture, anecdotal experience, or socially accepted judgments (i.e., "Alcohol is the predominant drug chosen by rural populations.").

- ASSUMPTIONS: statements which reflect the belief systems and values of the participants, which may include generalizations, stereotypes, and other culture-bound positions (i.e., "Low-income people drink because they have no options, either social or economic.").

- Discuss difficulties of defining prevention target groups for planning, program identification, and evlauation. Highlighting the cultural issues revealed in the exercise:
    - What do we really know about other populations?
    - How much do we base our program decisions on our own values and assumptions?
    - What were the sources of any disagreements within the small groups?

Script:

Planning a Needs Assessment

"Questions for Further Research" Worksheet

- Ask participants to complete Worksheet VII-3 on page 227 of the Participant Manual, which becomes a background document to plan a needs assessment.

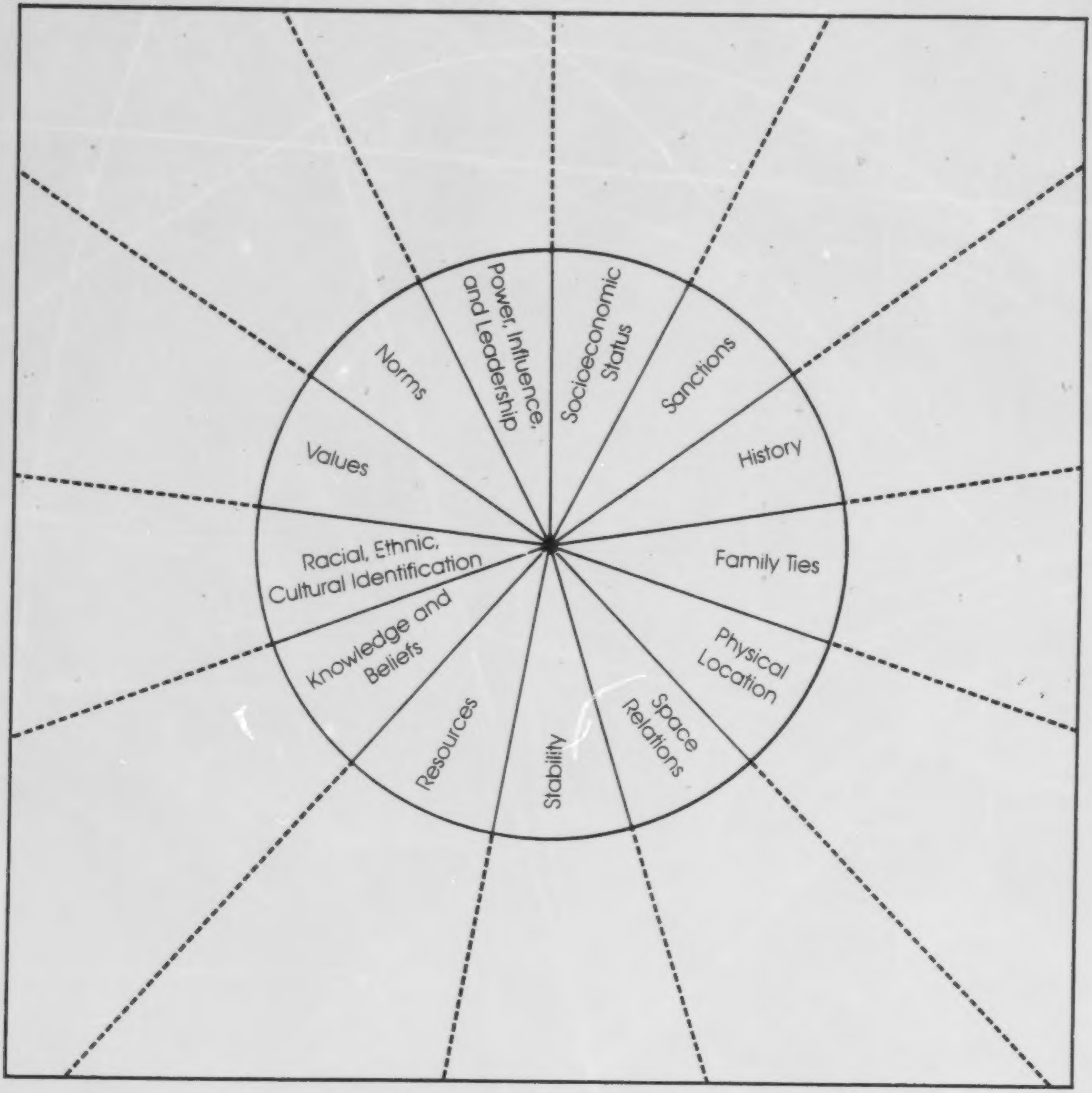
NOTE: Ask the small groups to look at their "opinions and assumptions" from the previous worksheet. Examine which of those need to be further investigated and/or substantiated before the prevention program aimed at that specific population can be implemented.

Remember, both the members of the target population group and "outsiders" have opinions and assumptions about that group. Point out that both sets of issues need further investigation and research.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	• Ask participants to complete the "Questions for Further Research Worksheet"; ask the small groups to discuss ways of answering their questions, both in terms of research or needs assessment strategies (REFER BACK TO THE NEEDS ASSESSMENT PROCESS IN MODULE IV) and also in terms of "expert" resources within and outside the target community.
"Program Planning" Worksheet	• Introduce Worksheet VII-4 on page 228 of the Participant Manual. NOTE: Admit the limited nature of our information; it may be helpful to ask participants to consider this next exercise as the effort to create a program hypothesis which they can test against the realities of their own populations when they return home after the training. • Ask each small group to develop a problem statement, based upon the information generated during the exercise. • Process responses while asking each small group to discuss its problem statement; note similarities and differences in emphasis and tone.
30 MINUTES	4. STEP TWO: DEVELOPING PROGRAM GOALS NOTE: The following steps should be assigned to the small groups. Be available to provide assistance to the groups as they work. For the purposes of these exercises, ask the groups to conclude with objectives. Because of the hypothetical nature of the exercise, it may be difficult for them to continue into tasks and activities. • Developing program goals follows the development of problem statement. • A goal is the reverse of the problem statement.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
30 MINUTES	5. STEP THREE: DEVELOPING PROGRAM OBJECTIVES • Objectives are those milestones leading to the accomplishment of the goal.
I HOUR	6. REPORT OUT Each group will describe their pilot prevention program, in terms of problem statement, goals, and objectives. Each group will have ten minutes to present its program; allow ten minutes for feedback and comment.
10 MINUTES	7. WRAP-UP • Summarize the isses raised during the exercise. Remember the special considerations that must be taken into account when doing prevention programs for special populations, as well as the actual prevention models developed by the groups. Look for similar concepts or approaches; look for differences that may reflect group bias about a particular population; relate the programs conceived to the prevention models reviewed in Module II. NOTE: Remind participants that the process of developing programs which they have practiced as a group in this exercise will form the basis of their action planning in Module IX, where they will translate all of the information into a management action plan for their own program.
	END OF MODULE VII

CMA Social Compass


Power, Influence, and Leadership
Socioeconomic Status
Sanctions
History
Family Ties
Physical Location
Space Relations
Stability
Resources
Knowledge and Beliefs
Racial, Ethnic, Cultural Identification
Values
Norms

Adapted from Conner, Desmond M.: Understanding Your Community. Ottawa: Development Press, 1969.

MODULE VII: TARGETING PROGRAMS FOR SPECIAL POPULATIONS-2 WORKSHEET

"WHAT DO WE REALLY KNOW"

1. Facts (I know.........)

2. Opinions (It seems to me that.........)

3. Assumptions (Well, everyone knows that........)

QUESTIONS FOR FURTHER RESEARCH

ISSUE	POSSIBLE ASSESSMENT STRATEGY	POTENTIAL RESOURCE PERSON/ACTIVITY
1.		
2.		
3.		

PROGRAM PLANNING

PROBLEM STATEMENT: State what the problem is, to whom, and for what reason. Cite any evidence or indicators which support your statement.

GOAL STATEMENT: State the long-term end-result desired.

WORKSHEET VII-4 Continued

PROGRAM ACTIVITY: Use one page for every program activity. Each activity should contribute to the accomplishment of one or more objectives. Describe the activity:

This activity related to objective(s) ______________________________

TASKS: In order to implement the activity, the following tasks must be completed.

WHAT WILL BE DONE (in chronological sequence)	TO/WITH WHOM	BY WHOM	WITH WHAT RESOURCES	BY WHEN	WHEN DONE

OBJECTIVES: List and number all the short-term and end-results or outcomes desired. Each objective should logically contribute to the accomplishment of your GOAL. Objectives should be: (1) concrete and specific; (2) realistic and attainable; (3) time-limited; and (4) measurable. (How will you know the objective is achieved?)

EVALUATIVE QUESTIONS WHICH NEED TO BE ANSWERED	POSSIBLE METHODS FOR ANSWERING THEM	IS DATA NOW READILY AVAILABLE?	IF NOT, CAN IT BE MADE AVAILABLE?

SPECIAL TARGET POPULATIONS

- Asians/Pacific Islanders
- Blacks
- Chicanos
- Gays
- Handicapped
- Elderly
- Industry
- Low-Income Groups
- Native Americans
- Puerto Ricans
- Rural Populations
- Schools
- Women
- Youth

MODULE VIII

MODULE VIII: RESOURCE DEVELOPMENT AND GRANTSMANSHIP **TIME:** 7 HOURS 15 MINUTES

GOALS

- To provide participants with information about fund-raising
- To teach participants from both local and national sources how to use the appropriate resources as they try to obtain support
- To help participants formulate funding strategies for their prevention programs.

OBJECTIVES

At the end of this Module, participants will be able to:

- Identify at least two criteria for eligibility that any private organization should meet before attempting to secure funds from a private or public source
- Identify at least five pieces of pertinent information about a foundation or a government agency before they attempt to solicit funds
- Identify at least three reasons for a support base to be developed for a prevention program
- Identify at least seven categories that should be covered by any proposal.

MATERIALS

- Newsprint
- Magic Markers
- Tape
- Participant Manuals
- Reference Sheets
- Selected Readings

MODULE VIII OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. OVERVIEW	15 MINUTES	LARGE-GROUP LECTURE
2. SIMULATION	1 HOUR	SMALL-GROUP EXERCISE
3. WIN AS MUCH AS YOU CAN	30 MINUTES	OCTETS/DYADS EXERCISE
4. FUNDING RESOURCES	30 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
5. SECURING LOCAL FUNDS AND OTHER NON-FINANCIAL SUPPORT	1 HOUR	LARGE-GROUP LECTURE/DISCUSSION
6. GUIDELINES FOR SECURING FINANCIAL SUPPORT	3 HOURS	LARGE-GROUP LECTURE/DISCUSSION
7. FUND-RAISING CLINIC	45 MINUTES	SMALL-GROUP EXERCISE
8. BASIC COMPONENTS OF AN EFFECTIVE GRANT PROPOSAL	15 MINUTES	LARGE-GROUP LECTURE
9. WRAP-UP	15 MINUTES	LARGE-GROUP LECTURE

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
15 MINUTES	1. OVERVIEW • Give an overview that describes the topics to be covered and processes to be followed for this module. NOTE: It is extremely important that the State Prevention Coordinator or State representative attend this session to provide information about the funding and grants procedures used by the State. Before the session, meet with the representative and discuss both the information presented in this module and the role that he or she will play during the training. Modify your presentation to ensure that it supports State procedures.
1 HOUR	2. EXERCISE: SIMULATION • Ask participants to re-form the small groups who worked together to develop program plans for special populations (see Module VII). • Ask small groups to develop a 10-minute program presentation aimed at getting funding for the pilot programs they planned in Module VII. • Ask each small group to select a representative to present and discuss its proposal with the "city council" composed of the training team for pilot program funding. - The "city council" will make "funding decisions" based on proposal content and the rationales for funding presented by the "pilot program representatives." - The training team may choose to elaborate upon this scenario, by developing a demographic profile for the city in which these programs would be funded. This profile could include locale, population, political structure, major industry, indigenous minorities, local issues, etc. The trainers may also assume roles of city council members, i.e., prevention ally, devil's advocate, the up-and-coming politics, etc.

- Present the exercise as follows: The City Council is accepting proposals for special drug abuse prevention projects, to be awarded from a State revenue-sharing allocation of $100,000. There are no guidelines on how the money is to be allocated (i.e., whether to one or several programs, or how much an individual program can request).
- Allow each group 20 minutes to prepare a presentation, then allow 10 minutes for each presentation.
- In conclusion, announce the decision of the city council, which will award each project $5,000 seed money and announce a new funding cycle, with new criteria and guidelines for this cycle.
- Introduce the next exercise, "Win as much as you can," as the vehicle for programs to raise funds to implement their programs.

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30 MINUTES

3. EXERCISE: WIN AS MUCH AS YOU CAN

- Ask participants to form octets, then divide them into dyads seated as follows:

```
             O(2)
              |
   (2)O —           — O(2)
              |
             O(2)
```

"Win as Much as You Can Tally" Worksheet

- Introduce Worksheet VIII-1 on page 237 of the Participant Manual; ask each participant to study it, then share his/her understanding of the game with partner.
- Explain that dyads must not communicate with others in the octet cluster unless instructed to do so.
- Explain that each dyad will be asked to privately agree upon a single choice for each round.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

- Explain that there are 10 rounds to the exercise. During each round, dyads will have 1 minute to mark their choice for that round.
- Instruct dyads to begin.
- Make sure each dyad has finished, then ask dyads to share their decisions with others in their octet cluster.
- Dyads should mark their Tally Sheets for round 1 using the payoff schedule.
- Continue as above for rounds 2, 3, and 4.
- On round 5 (bonus round) all amounts won or lost will be multiplied by three.
- Give octet clusters 3 minutes to discuss this task.
- Allow dyads 1 minute to discuss a decision, 3 more minutes for discussion in the cluster, and, finally, 1 more minute for dyads to mark their decisions for round 5.
- Conduct rounds 6 and 7 like rounds 1 through 4.
- Conduct round 8 like round 5; but ask dyads to multiply by 5 instead of 3.
- Conduct round 9 like rounds 1-4 and 6-7.
- Conduct round 10 like rounds 5 and 8, but ask dyads to multiply by 10.
- Ask each cluster to compute its net score from the total of the dyads' scores.
- Process exercise by discussing the effects of competition and collaboration for funding and how this experience relates to other group situations.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	- Allow individual fund-seeking experiences to surface.
30 MINUTES	4. LECTURE/DISCUSSION: FUNDING RESOURCES ● Tell the participants that they should consult various reference documents before they actually write an application. For example, the Catalog of Federal Domestic Assistance and the Foundation Directory.
"Catalog of Federal Domestic Assistance"	● Refer participants to the sample pages from the Catalog of Federal Domestic Assistance, Selected Reading VIII-1, page 241 of the Participant Manual, and show them how to use: - The subject and agency indices - The information listed under each Federal assistance program. ● Concentrate on the following categories of information: - Objectives - Use and Use Restriction - Eligibility Requirements - Application and Award Process - Assistance Considerations - Financial Information - Program Accomplishments - Information Contracts - Related Programs. ● Explain that the amounts of money authorized for each program (as indicated in the Catalog) may not reflect actual dollars available. NOTE: Ask the State Prevention Coordinator to assist you in identifying relevant programs listed in the Catalog.

"The Foundation Directory"

- Refer participants to the next sample pages that are provided in Selected Reading VIII-2, page 247 of the Participant Manual, and teach participants how to use:
  - The indices for fields of interest, donors, and foundations
  - The information provided for each foundation that is listed by State.
- Note that the difference between grant dollars expended and allotted indicates how much money foundations spend to administer their programs, and thus how extensive their review process may be.
- Remind participants that the Foundation Directory lists only the largest foundations and that there are many small community foundations in their State and locality.

NOTE: Try to research names of foundations in the State and locality in which you are training. If possible, have someone who is familiar with local foundation funding attend the discussion.

- Inform participants that many State universities or libraries have compiled directories of all foundations in that State. Encourage them to explore their State, local, and university libraries for more detailed information on Government and private funding. Refer participants to the following documents:
  - PRIVATE:

    The Big Foundations, Waldeman Nelson, Columbia University Press, 1972.

    Foundation Directory, Columbia University Press, 1979.

    Foundation News, Council on Foundations, New York, New York.

    I.R.S. Tax Reports on Foundations

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES
	- PUBLIC:
	Catalog of Federal Domestic Assistance, Superintendent of Documents, Government Printing Office
	Commerce Business Daily, Superintendent of Documents, Government Printing Office
	The Federal Register, Superintendent of Documents, Government Printing Office
	County and City Data Book, Superintendent of Documents, Government Printing Office
	NOTE: Find out where the participants can find the above information in their communities and State.
"Is There Life After Seed Money?"	• Conclude by emphasizing the importance of diversified funding sources for program growth. Use as an example the Teachers Center's article, Selected Reading VIII-3, page 253 the Participant Manual, which shows how to develop strategies for program funding and how to diversify funding sources.
1 HOUR	5. LECTURE/DISCUSSION: SECURING LOCAL FUNDS AND OTHER NON-FINANCIAL SUPPORT
	• Introduce the topic of local fund-raising.
	• As you discuss each topic, encourage participants to speak about their experiences with local fund-raising.
	• Highlight the following:
	- When preparing to address, or actually addressing a local funding source, remember these guidelines:
	BEFORE:
	1. Use your board of directors to help you gain support for your programs or to prepare for your presentation.

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

2. Read local newspapers and attend public meetings to learn appropriate procedures and protocol.

3. Make your program "salable" and "understandable" to the general public.

4. When preparing your appeal, keep in mind local economics and a sense of timing.

DURING: (Taken from Grantsmanship Center News, Jan.-Feb. 1978)

1. Be concise: Prepare written and verbal presentations in such a way so that all facts and needs are established as quickly and briefly as possible.

2. Be prepared: Know what you want to do and the role your proposed funder is to play.

3. Be polite: Should the questions seem uncaring or hostile, remain courteous.

4. Be specific: Think of the points you want to make, as well as those made by the group, and present your responses succinctly.

5. Don't use jargon: Take the mystique out of your program and use understandable terms.

6. Don't be intimidated: Be prepared to answer pointed, direct questions without getting flustered.

7. Be adept: Make strong, direct points, which illustrate the need for and value of your program.

8. Do some homework: Try to find out where the organization or council stands on the particular issues related to your program.

9. Have press statements ready: Whenever addressing public officials, have a brief press release ready to support your cause.

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3 HOURS

6. LECTURE/DISCUSSION: GUIDELINES FOR SECURING FINANCIAL SUPPORT

NOTE: Select from this lecture/discussion the topics and funding sources most appropriate to your training preference.

- Highlight the following:
  - There are times when most prevention programs need between \$50 and \$5,000 in funds or other support to develop new activities or to expand current ones. Because Federal and State funding may not always be available, programs should investigate early the various funding and support sources within their communities. The following guidelines can aid this understanding.
  - Budget Analysis. Because local fund-raising takes time, a program should begin considering possible sources well before the money is needed. As a first step, the present budget should be analyzed: What items are mandatory for operation at the present level? What would happen if funding were cut by 10 percent, 25 percent, 50 percent, or altogether? What items in the budget could be eliminated? What items are necessary? For example, one of the biggest items in a budget is usually personnel. If the budget were cut, what items could be eliminated to pay salaries? Must staff positions be dropped?

    Such an analysis takes time, but it must be done to ensure thorough understanding of a program's needs. Because prevention programs differ greatly, budget analysis methods will vary; any method that produces a detailed examination of essential needs will suffice. Once needs are determined, steps can be taken to try to meet those needs through local fund-raising.

- Research Local Sources. A second step is to research various local sources of funding. Many different local sources of funding exist; generally they can be categorized as: local government, business and industry, unions, fraternal and civic organizations, and the community (general public). It is important to research each possible source to learn how to approach each source for funding and what can be expected from them in the way of support.

- Local Government. For example, when considering funding from local government, you should know when the budget is passed by the city council, school board, or board of supervisors; what kind of budget each uses (annual, biannual, semi-annual).

  Who is responsible for drafting the human services part of the budget? What forms must be completed? What are the time frames for application? Must a presentation be made? Know all procedures and deadlines so the the prevention program can take the necessary steps at the appropriate time.

- Business and Industry. For business and industry, many of these same research questions need to be addressed, along with some other considerations. When does a company's fiscal year begin? When is the yearly budget approved? Are charitable contribution expenditures part of the total budget? How can a program become considered for charitable contributions? Answers to these basic questions will guide fund-raising plans for the business sector.

  Another important question concerning business and industry: Is the local business or industry part of a larger corporation? If so, the ability of the company to contribute money and the time it needs to reach a decision may be affected. This information may be stated in a company's advertising ("...is a subsidiary of ..."); if it is not, be sure to find out.

Also find out whether the company has a foundation whose stated interest is to give money to worthy organizations. Although it maintains strong contacts with the parent company, the foundation is run as a separate entity with its own boards of directors, business offices, and staff. It, too, is a business; therefore, many of the same questions arise, which you will need to answer.

Although you may find it difficult to obtain financial or other support from business and industry, you should pursue this source. When they do contribute, they often give donations worth far more than a one-time gift of money.

Another business or corporate resource is the loan executive program. Several large businesses will loan a company employee to a qualifying agency for up to a year. While the agency quite often has screening criteria, prevention programs may qualify. Such a connection will link your program with the industry as well, since you will enjoy the services of the executive.

"Researching Corporate Gifts"

NOTE: With regard to corporations, refer participants to the Selected Reading, page 267 of the Participant Manual. Participants should read this material at a later date.

- Unions and Fraternal and Civic Organizations. Unions and fraternal and civic organizations (the U.A.W., Lions Club, Downtown Merchants Association, etc.) are other possible sources of funding and other nonfinancial support. These organizations have long histories of supporting worthwhile causes. Again, as with government and business, research various questions. Where are they located? Who are their officers? What do they contribute? To whom? What kind of presentation should be made? Remember, many organizations might prefer to contribute volunteers, materials, and equipment, rather than money. Research your approach carefully. A list of local fraternal and civic organizations and their officers can be obtained from the local Chambers of Commerce. Also, because many national fraternal and civic organizations have focused on drug abuse as a priority, find out which organizations express this interest.

One very important aspect of fraternal and civic organizations is their spin-off effect. Members of these groups are community leaders. Many represent business and industry, local merchants, and government. By reaching one organization, you may be able to tap many other avenues of funding.

- General Public. The final category of funding sources is the community, which probably is the most difficult to research. If the program is located in a large urban area, the "community" must be defined (e.g., school district, political subdivision, judicial district, or other small geographical division). If large populations and large cities or counties are your focus, you must be prepared to devote a lot of time, energy, and money to developing and carrying out the fund-raising campaign.

The way to reach the general public is through a direct mail campaign--a grief letter explaining the program (its audience and how they are reached) that is mailed to the local community. The letter should specify the program's name, address, telephone number, and the requested amount of the donation (e.g., "If each person would give just one dollar, then . . ."). Although some may give more, most respondents will give the stipulated donation. If the program is classified by IRS as non-profit, be sure to mention that all donations are tax-deductible. A unique form of the direct-mail method is to ask pharmacies, department stores, the telephone company, etc., to enclose the fund-raising letter in their monthly mailings.

Media also can be used effectively for general public fund-raising drives. Prevention programs usually are nonprofit programs that perform a public service. As such, they may receive free publicity, called "public service announcements." For information about how to obtain "air time" through public service announcements, contact the program director or director of public affiars at your local radio and television stations. Ask for his or her help when you develop the announcement. Radio stations often like the information written as a press release that is broken down into 10, 30, and 60-second timeframes. Press releases must be submitted by a certain deadline and should contain a release date and a "pull" (end) date.

One drug program used the "telethon" technique; the program was fortunate to have a local television personality who was able to secure air time serving on its board. Such efforts, however, may require months of work: you must prepare the format and secure the talent. The National Drug Abuse Prevention Week provides another source for media coverage. Design your fund-raising campaign around this event; use the prepared media spots with a tag line giving the program's name, address, and telephone number.

- Alcoholics Anonymous. Ask your local Alcoholics Anonymous chapter whether you can make a presentation about your program. Many AA members have expertise and skills that could benefit your program. As recovering alcoholics, they may have a special interest in substance abuse prevention.

- Fund-raising Implementation. Once you complete your research of local funding sources, you can begin the process of obtaining the funds. This step involves the preparation of any required presentations, proposals, reports, or forms, and the formation of good rapport with the various local sources of funding.

Rapport is developed through personal contact through good public relations. It begins by making an appointment to meet with an appropriate person (e.g., a school board member, an officer of a fraternal or civic organization, etc.). At this time, the program representative can explain on a one-to-one basis the program, its goals, accomplishments, and needs. Also, this meeting may provide an opportunity to discuss the purpose and accomplishments of the program with other members of the organization. For instance, civic and fraternal groups are always looking for a speaker and topic that will bring members to a meeting.

NOTE: The following "don'ts" are adapted from Pacific Institute for Research and Evaluation (1975).

When approaching various sources for funds, remember several "don'ts." First, avoid taking a militant approach when discussing the problem of drug abuse with potential funding sources. Whether in the school system, the community, a corporation, or a foundation, people who grant funds and other support are not likely to have especially radical views of contemporary society. Avoiding a discussion of political and social views need not be dishonest; it can be considered a matter of respect for the views of another. Those who feel compelled to discuss these issues should try to do so reasonably, in such a way that their audience will not feel threatened. This same admonition applies to discussion about particular methods of drug abuse.

Don't oversell the program. Funding sources have heard too many unfulfilled promises of miraculous changes. Your approach should be low-key and realistic. The program initiator should present a strong rationale for prevention without guaranteeing results.

Various "do's" also apply to the implementation process. One is to be specific when requesting funds. The research process should have indicated the amounts of funds and other support that can be expected from a particular source. Therefore, be specific about the program's needs and how each source can help meet those needs. For example, because fraternal and civic organizations usually do not have an abundance of capital, ask for money to fund a particular item (i.e., for printed materials, new paint and drapes in the facility, etc.).

Another "do" is to consider other types of needed support, such as materials, equipment, manpower, and moral support. Merchants are often amenable to contributing materials, such as paints, supplies, etc. Companies may donate used equipment--file cabinets, desks, or typewriters. Any such contributions should be properly recorded to that the merchant or company concerned can benefit from a tax deduction, and so that the program can claim the gifts an in-kind contribution on grant applications. Always send a "thank you" letter for any contribution, no matter how small.

Although contributions in money may be limited, contributions of manpower may not be. Volunteer manpower obtained from civic and fraternal organizations and from the general public can be valuable when launching fund-raising drives.

Moral support and good will from various sources are other important "contributions" to the life and health of a prevention program. This support will have great value if the program encounters any kind of opposition within the school or community--the program will have its own "grassroots" advocacy group. Also, if the program has an opportunity to expand and funds are requested from a large foundation or a Federal agency, local support will give the program a degree of credibility and impressiveness it would never have otherwise.

- Timing. No matter where you live--big city or small town--the time you pick to have your fund-raising drive is crucial to its success. Do not plan your drive at income-tax time; people are not in the mood to give. Do not have a fund-raising drive during the Thanksgiving/ Christmas season; too many organizations raise money then, and people are tired of giving. One possibility for you to consider is tying your drive into the National Drug Abuse Prevention Week. This time is good because the national public relations campaign has been launched, which brings drug abuse prevention to the attention of the general public. You can use this "free advertising" as a basis for your drive.

- Responding to Contributions. The last guideline in community fund-raising is to develop a follow-up procedure for all contributors. Responding to contributions involves more than the required "thank you" letter. Publicly acknowledge contributions through press releases, the program's newsletter, or any other means of reaching the general public. Keep contributors informed about how the program is using their money by putting them on a mailing list for the program's newsletter, annual report, or any other general publications. Also, invite contributors to attend the program's public events--anniversaries, graduations, etc.

One final caution: Do not put too much pressure or make too frequent appeals for contributions from any one source. If merchants feel especially besieged or pressured, they may become resentful. It is important to use good judgment, lest the program lose contributions for annual fund drives and capital campaigns.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
Newsprint Magic Markers Needs/Sources Chart	● Draw the "Needs/Sources Chart" on newsprint. Illustrate the use of the chart. (See Figure VIII-1 on page 239 of the Participant Manual.) Explain how to use it: - This is a simplified form of analysis that some programs have found useful. - On the left side of the chart under "Program Needs," list the specific items needed to operate your program. For example, if you need various types of financial contributions or personnel, etc., at various times, be sure to list each as a separate item. - Across the top, list every potential source of contributions that you can imagine. - For each item in the Program Needs column, check every source that could possibly contribute that item. - If a source probably could not contribute specific needs but could facilitate your program obtaining an item, put an "0" in the appropriate column. ● Give several examples of how to use the chart. Ask participants to give examples of source for each category of need.
45 MINUTES	7. EXERCISE: FUND-RAISING CLINIC NOTE: The purpose of this exercise is to give participants an opportunity to share ideas, techniques, strategies, and program efforts in fund-raising. ● Ask participants to form small groups. ● Explain that participants will have about 30 minutes to provide "technical assistance" to each other in fund-raising. Encourage groups to share successes, failures, insights, ideas on fund-raising. List successes on newsprint. ● Reconvene large group, and ask each small group to share its newsprint list.

- Open general discussion; ask for questions (and answers from other participants who may have them).

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15 MINUTES

8. LECTURE: BASIC COMPONENTS OF AN EFFECTIVE GRANT PROPOSAL

- Introduce the presentation by noting that although a proposal can be organized in many ways, several elements should be included.

"Proposal Writing Outline"

- Explain that the proposal outline discussed here is used by Don Nelson and Grant Shumway and was prepared primarily from material provided by the Grantsmanship Center in Los Angeles, California. Refer participants to Selected Reading VIII-5, page 279 of the Participant Manual, to get more detail on the elements of a proposal.
- Encourage discussion as the outline is presented.
- Discuss the following outline:

  I. General pointers:

    - Number pages
    - Label sections
    - Use positive, decisive language

  II. Include a proposal survey--a concise summary of your proposed project.

  III. Introduce the organization, providing a description of your capability to manage the project.

  IV. Include a problem statement/needs assessment.

  V. Clearly state program objectives.

  VI. Include a section on methods/program design, describing the activities you will conduct to accomplish objectives, how these objectives will be organized, and who is needed to carry them out.

VII. Describe the evaluation design you intend to use and how and when you intend to use it.

VIII. Describe the supportive services such as equipment, consultation, facilities, etc.

IX. Include a standard line item budget.

X. Devote a section to future funding--how you intend to support the project beyond the period of the funding.

XI. Include an appendix. This section should contain the following:

1. Compliance forms
2. Tax-exempt status
3. Job descriptions, resources
4. Letters of support
5. Organizational policies/procedures
6. List of Board of Directors
7. Evaluation instruments.

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15 MINUTES

9. WRAP-UP

- Suggest that participants look at possible networks for developing their programs' financial resources.
- Summarize the module's activities by asking participants to describe what they learned and what the liked most and least.

END OF MODULE VIII

WIN AS MUCH AS YOU CAN TALLY SHEET

Instructions: For ten successive rounds you and your partner will choose either an X or a Y. Each round's playoff depends on the pattern of choices made in your cluster.

PAYOFF SCHEDULE

4 X's:	Lose $1.00 each
3 X's: 1 Y:	Win $1.00 each Lose $3.00 each
2 X's: 2 Y's:	Win $2.00 each Lose $2.00 each
1 X: 3 Y's:	Win $3.00 each Lose $1.00 each
4 Y's:	Win $1.00 each

You are to confer with your partner in each round and make a joint decision. In rounds 5, 8, and 10 you and your partner may first confer with the other dyads in your cluster before making your joint decision, as before.

SCORECARD

	Round	Your Choice		Pattern of Cluster's		Payoff	Balance
	1	X	Y	__X	__Y		
	2	X	Y	__X	__Y		
	3	X	Y	__X	__Y		
	4	X	Y	__X	__Y		
Bonus Round: Playoff x 3	5	X	Y	__X	__Y		
	6	X	Y	__X	__Y		
	7	X	Y	__X	__Y		
Round Playoff x 5	8	X	Y	__X	__Y		
	9	X	Y	__X	__Y		
Bonus Round: Payoff x 10	10	X	Y	__X	__Y		

Reproduced from A Handbook of Structured Experiences for Human Relations Training, Volume II (Revised), J. William Pfeiffer and John E. Jones, Editors, La Jolla, California, University Associates, Publishers and Consultants, 1974.

NEEDS/SOURCES CHART Program Needs	Public & Private Agencies	Fraternal & Civic Organizations	Industry	Business	Unions	Community People	Local Government	CETA	Title XX	Foundations	Other
Money $________one-time only ________periodically ________annually											
Facilities (type of space/where to locate) ________ ________											
Equipment Type: Desks #________ Chairs #________ Typewriter #________ Etc. ________											
Access to equip. (to use at no or reduced cost) Duplicating ________ Graphic Arts ________											
Consumable Supplies Paper #________ Pens #________ Typ. Ribbons________ Etc.________											
Manpower/Time Needed "Experts" Evaluators ________ Counselors ________ Media Sp. ________ Etc. ________ Clerical ________ No Special Skills ________											
Professional Products Printed Brochures________ Artwork for Media________ Etc. ________											

MODULE IX

MODULE IX: ACTION PLANNING FOR PROGRAM GROWTH **TIME:** 3 HOURS 20 MINUTES

GOALS

- To enable participants to select the program strategy most relevant for their program and community needs
- To help participants design an action plan to implement that strategy after the training.

OBJECTIVES

At the end of this Module, participants will be able to:

- Identify their highest-priority program need and give three reasons for their selection
- Describe the growth strategy which would most effectively address that perceived need
- Write an action plan to implement that strategy within their own program and/or community
- Describe at least one criterion for measuring the success of that strategy.

MATERIALS

- Participant Manual
- Worksheets

MODULE IX OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. OVERVIEW OF MODULE IX	5 MINUTES	LARGE-GROUP LECTURE
2. ACTION PLANNING	1 HOUR 45 MINUTES	INDIVIDUAL EXERCISE
3. SMALL-GROUP COLLABORATION	30 MINUTES	TRIAD EXERCISE
4. ACTION PLANS	1 HOUR	LARGE-GROUP DISCUSSION

MODULE IX: ACTION PLANNING FOR PROGRAM GROWTH

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
5 MINUTES	1. OVERVIEW OF MODULE IX ● Introduce the module by reviewing its purpose to give participants an opportunity to create a plan for improving a program's structure, process(es), and function(s), and to receive feedback on that plan before they return to the work environments. NOTE: Review "Planning for Change" (MODULE V).
I HOUR, 45 MINUTES "Program Planning" Worksheet	2. EXERCISE: ACTION PLANNING ● Introduce Worksheet IX-1 on page 289 of the Participant Manual ● Ask participants to develop a plan that will enable them to utilize one of the concepts introduced during the training in order to improve the effectiveness of their program. ● Ask participants to arrange their seats so they can work individually to complete their action plans. ● Begin the exercise. Participants complete an action plan to use in their projects. Trainers circulate around the room. If appropriate, help trainees write specific steps necessary to implement the change. ● Call time after an hour and 30 minutes have elapsed.
30 MINUTES	3. SMALL-GROUP COLLABORATION: ● Participants form triads; each person take 10 minutes to present his/her plan; other members give feedback, assist in adding detail to plans.
1 HOUR	4. LARGE-GROUP DISCUSSION: ACTION PLANS ● Facilitate discussion of the action plans; ask trainees to describe their plans.

- Discuss the goals, reasons, and strategies for implementing action plans. Encourage feedback from all group members.
- Summarize major directions of participant planning efforts.

END OF MODULE IX

PROGRAM PLANNING

PROBLEM STATEMENT: State what the problem is, to whom, and for what reason. Cite any evidence or indicators which support your statement.

GOAL STATEMENT: State the long-term end-result desired.

WORKSHEET IX-1 Continued

PROGRAM ACTIVITY: Use one page for every program activity. Each activity should contribute to the accomplishment of one or more objectives. Describe the activity:

This activity related to objective(s) ____________________

TASKS: In order to implement the activity, the following tasks must be completed.

WHAT WILL BE DONE (in chronological sequence)	TO/WITH WHOM	BY WHOM	WITH WHAT RESOURCES	BY WHEN	WHEN DONE

WORKSHEET IX-1 Continued

OBJECTIVES: List and number all the short-term and end-results or outcomes desired. Each objective should logically contribute to the accomplishment of your GOAL. Objectives should be: (1) concrete and specific; (2) realistic and attainable; (3) time-limited; and (4) measurable. (How will you know the objective is achieved?)

EVALUATIVE QUESTIONS WHICH NEED TO BE ANSWERED	POSSIBLE METHODS FOR ANSWERING THEM	IS DATA NOW READILY AVAILABLE?	IF NOT, CAN IT BE MADE AVAILABLE?

MODULE X

MODULE X: PREVENTING BURNOUT

TIME: 3 HOURS 15 MINUTES

GOALS

- To encourage participants to develop, extend, and solidify personal strategies for personal support and growth in the midst of organizational change and growth
- To review possible applications of the knowledge and skills transmitted through the training.

OBJECTIVES

At the end of this Module, participants will be able to:

- Identify at least three coping strategies which they can use for personal and organizational replenishment
- Identify the common symptoms of "burnout" at individual and organizational levels
- Identify one piece of knowledge or one skill which they intend to use as a result of the training
- List the major knowledge and skill areas covered during the training.

MATERIALS

- Newsprint
- Magic Markers
- Participant Manual
- Post-test
- Selected Readings

MODULE X OVERVIEW

EXERCISE	TIME	METHODOLOGY
1. INTRODUCTION	5 MINUTES	LARGE-GROUP LECTURE
2. IDENTIFYING SYMPTOMS AND CAUSES OF BURNOUT	20 MINUTES	LARGE-GROUP EXERCISE
3. COPING STRATEGIES	20 MINUTES	LARGE-GROUP EXERCISE
4. BURNOUT AS SYMPTOMATIC OF ECOLOGICAL DYSFUNCTION	30 MINUTES	LARGE-GROUP LECTURE/DISCUSSION
5. BUILDING IN BURNOUT PREVENTION	45 MINUTES	LARGE-GROUP EXERCISE
6. WRAP-UP/ REFRESHER	45 MINUTES	INDIVIDUAL AND LARGE-GROUP DISCUSSION
7. POST-TEST	30 MINUTES	INDIVIDUAL

MODULE X: PREVENTING BURNOUT

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
5 MINUTES	1. INTRODUCTION • Explain that "Burnout" is becoming a major problem throughout the human services, in view of attrition rates, stress and anxiety problems, and the frustration levels of people actively engaged in helping other human beings with personal, emotional, or psychic distress.
20 MINUTES Newsprint Magic Markers	2. EXERCISE: IDENTIFYING SYMPTOMS AND CAUSES OF BURNOUT • Ask participants to discuss symptoms of burn-out: What does someone who's "burned-out" look like? How do they behave? • As the exercise progresses, he or she should encourage discussion. List these symptoms on newsprint. • Next, ask participants to develop a similar list of causes: What causes people to burn-out? What are the sources of stress?
20 MINUTES Newsprint Magic Markers	3. DISCUSSION: COPING STRATEGIES • Ask participants to generate possible sources of relief from these symptoms or ways to prevent burnout from occurring (COPING STRATEGIES). • Draw a third column on the newsprint. Label it "Coping Strategies."

TIME, MEDIA, AND MATERIALS	OUTLINE OF TRAINING ACTIVITIES

30 MINUTES

4. LECTURE/DISCUSSION: "BURNOUT AS SYMPTOMATIC OF ECOLOGICAL DYSFUNCTION" (based on Jerome Carroll's theories)

"Staff Burnout as a Form of Ecological Dysfunction"

- Discuss the theory presented in Selected Readings X-1, page 291 of the Participant Manual.
    - According to Carroll, burnout emanates from problems of interaction between the individual and his or her environment.

NOTE: Return to the newsprint sheets; attempt to break down the symptoms and causes discussed by participants as "individual" and "organizational" symptoms, causes, and coping strategies.

- Review Carroll's suggestions for treatment and prevention of burnout:
    - TREATMENT

      Individual: Time off, rest and recuperation, reassignment, counseling, supportive treatment, additional education, job training;

      Work Environment: Changes in structure, policies, on-the-job training, "adequate nurture of staff," clearly delineated job roles and levels of responsiblity; increased salaries or decreased workload.

NOTE: Allow participants to continue to add other possible coping strategies to the newsprint lists generated earlier.

    - PREVENTION

      Individual: Physical exercise, relaxation, replenishment, realistic goals and expectations;

Work Environment: Limits on workload, periodic rotation of staff; more part-time positions; changed functions of staff meetings.

NOTE: Again, allow participants to continue to expand the list of coping strategies generated earlier. Remind participants of material presented earlier in the course (e.g., the Sherwood model of planned renegotiation) which might also be used as a burnout prevention strategy.

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45 MINUTES

Newsprint
Magic Markers

5. EXERCISE: BUILDING IN BURNOUT PREVENTION

- Ask individuals to review the action plans which they developed during the previous module. Suggest that they consider the following questions:
    - On a scale of 1 - 5 (5 being highest potential for burnout), how would you rate the "burnout potential" of the action plan you're developing? In other words, are you going to kill yourselves, and the people around you, in order to make your action plans real?
    - If participants believe their action plan to be burnout-proof, tell them to list their reasons for feeling that the people who have developed the plan will be able to sustain their energy and productivity.
    - If participants suspect that some aspect of their plans will produce individual and/or organizational burnout, discuss what can they do, as they begin to plan and to put that plan into effect, to prevent this occurrence. Ask participants to list 3-5 action steps they might include in their program plans to reduce the likelihood of burnout.

TIME, MEDIA, AND MATERIALS	*OUTLINE OF TRAINING ACTIVITIES*
	• Divide participants into small groups and ask them to discuss their suggested strategies for preventing burnout. Have one individual record these options on newsprint. • Have each small group report their individual suggestions to the large group. • Process the exercise, adding additional possible material from the course itself. NOTE: Trainer should mention possibilities for "networking" with various individuals and within various groups. Also mention new NDAC course, "Staff Burnout."
45 MINUTES Newsprint Magic Markers	6. DISCUSSION: WRAP-UP/REFRESHER • Ask individuals to list three things they learned during the training which they intend to use in their own communities. • Ask each individual to share one thing they intend to try with the large group. • Review the content and skills of the training experience; focus on practical material, and the skills developed and/or practiced during the training period.
30 MINUTES Post-test	7. POST-TEST • Administer the post-test. The post-test is located on page 311 of the Participant Manual and on page 215 in this manual. • After collecting the post-test, allow an opportunity for any discussion or reaction to the tests or the training.
	END OF MODULE X

PREVENTION PROGRAM MANAGEMENT

POST-TEST

General Instructions

Consider the following questions a quick review of the training you have just completed. The terms and concepts will now seem more familiar to you. DO NOT linger over any single item; answer quickly and move on. Mark your answers on the answer sheet provided.

I. MATCHING

A. Match the appropriate item to the statement provided. More than one selection may be necessary to adequately respond to the question.

Choose the definition that best identifies the model described below:

a. Sherwood Model
b. Situational Leadership Approach Model
c. Program Development Logic Model

1. This strategy encourages individuals and organizations to develop mechanisms for accommodating and utilizing changes in programs, staff, and funding.

2. Matches managerial style to group readiness levels through the use of a four-quadrant matrix.

B. Match the appropriate definition to the following behavior identified below:

a. "Structuring Behavior"
b. "Climate-Setting Behavior"
c. "Transferring Behavior"

3. Builds trust among group members and between the group and him or herself.

4. Provides opportunities for group members to develop and use their abilities.

5. Establishes patterns and channels of communication among group members.

C. Match the correct item to the situation provided below.

a. Objectives
b. Criteria
c. Measures

6. Sales of sedative-hypnotic drugs at pharmacies serving a retirement community will diminish within 6 months.

7. A 20 percent decrease in the use of sedatives and alcohol.

8. Use of psychoactive prescription drugs and alcohol.

D. Match the correct items to the situation provided below.

a. Facts
b. Opinions
c. Assumptions

9. Prevention efforts should be targeted toward the black population, since they are generally the heroin addicts.

10. Prevention efforts have been ineffective.

11. High school students are more inclined to try marijuana since it is so readily available.

E. The definitions to the following types of evaluation are listed below. Match the correct definition to the evaluation.

a. Impact
b. Process
c. Outcome

12. Attempts to capture in "still frame" the characteristics of an operational, ongoing prevention program.

13. Attempts to answer program concerns in accomplishing its own objectives.

14. Attempts to gauge additive effects of numerous drug abuse prevention programs within a geographic boundary.

II. MULTIPLE CHOICE

Choose the correct answer(s) to the following questions and circle the appropriate letter(s) on the answer sheet.

15. Effective collaboration between individuals in different agencies is based on:

    a. Friendly but fair competition for clients or funding
    b. Establishing a satisfying, reciprocal relationship
    c. Awareness of the value of collaboration
    d. All of the above

16. The items listed below are all approaches for evaluating referral services in a prevention program, EXCEPT:

    a. Improvement of client's self-concept
    b. Enrollment in support groups for families of alcoholics
    c. Decrease in the client's group scores on drug abuse interest surveys
    d. Number of clients who list referral services as a source of information on enrolling in other prevention services

17. When planning a program evaluation:

    a. Program staff should help to develop objectives and criteria.
    b. Program staff participation in evaluation planning violates the objectivity of the evaluation.
    c. Evaluation data should be collected using special procedures and personnel separate from routine program procedures.
    d. Measurements of effect should always be made at the end of the program service.

18. When preparing to address or actually addressing a local funding source, one should:

    a. Use your staff to help you gain support for your programs or to prepare for your presentation.
    b. Read magazine articles and attend public meetings to learn appropriate procedures and protocol.
    c. Make your program "saleable" and "understandable" to the public.
    d. All of the above.

III. TRUE or FALSE

The following statements are related to aspects of prevention program management. Please circle either "True" or "False" on the answer sheet.

19. A good proposal for funding would concentrate on a problem statement and a strategy design for examining the problem.

20. A staff with a low readiness level needs structure from the manager.

21. In following action planning procedures, one would use the Sherwood Model.

22. Staff burnout emanates from problems of interaction between the individual and his or her environment.

23. When planning a program evaluation, the evaluation data should ideally be collected using special procedures.

24. Networks are intended to be task-oriented, competitive, and decentralized learning systems.

25. Primary prevention is a constructive process designed to intervene in patterns of drug use and experimentation.

POST-TEST

Answer Sheet

Circle the correct response(s)

I. MATCHING

1. a b c
2. a b c
3. a b c
4. a b c
5. a b c
6. a b c
7. a b c
8. a b c
9. a b c
10. a b c
11. a b c
12. a b c
13. a b c
14. a b c

II. MULTIPLE CHOICE

15. a b c d
16. a b c d
17. a b c d
18. a b c d

III. TRUE or FALSE

19. True False
20. True False
21. True False
22. True False
23. True False
24. True False
25. True False

POST-TEST

Answer Key

Prevention Program Management

1. a
2. b
3. b
4. c
5. a
6. a
7. c
8. b
9. c
10. a
11. b
12. b
13. c
14. a
15. b, c
16. a, c
17. a, c
18. c
19. True
20. True
21. False
22. True
23. False
24. False
25. False

*U.S. GOVERNMENT PRINTING OFFICE: 1981-0-720-038/5714

TRAINING STAFF QUALIFICATIONS

- This course is designed to be delivered by at least two (preferably three) trainers regardless of the size of the participant group.

- The training team that delivers the course should include an experienced prevention program manager and at least one other trainer who is a drug abuse prevention professional. Training team members should have demonstrated training and experience in training adult learners.

- The major consideration in determining a training team for delivery of this course is that the competency of the staff, as a whole, include: competence and experience in management and planning, ability to plan and work together, and an understanding of how individuals learn.

DESIRABLE PREREQUISITE TRAINING COURSES

- Community-Based Prevention Specialist
- Basic Management Skills
- Training of Trainers

SPACE AND EQUIPMENT REQUIREMENTS

- This course requires at least one large work room equipped with chairs and tables or chairs and a suitable writing surface. The room should be sufficiently large so that participants are uncrowded and comfortable. The program also requires at least two small work rooms or a number of small rooms sufficient to accommodate small work groups.

- Other materials required are:

    - Trainer Manuals
    - Participant Manuals
    - Newsprint
    - Magic Markers
    - Masking Tape
    - Pencils

EVALUATION

Two standards are used to determine each participant's performance in this course: (1) attendance and (2) score on the post-test. Participants who are certified as having successfully completed the course should have been present a minimum of 90 percent of the time allotted for the course sessions and achieve a minimum score of 75 percent on the post-test.